

Name
in
Full

Margret Anderson. (Brewhill)

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

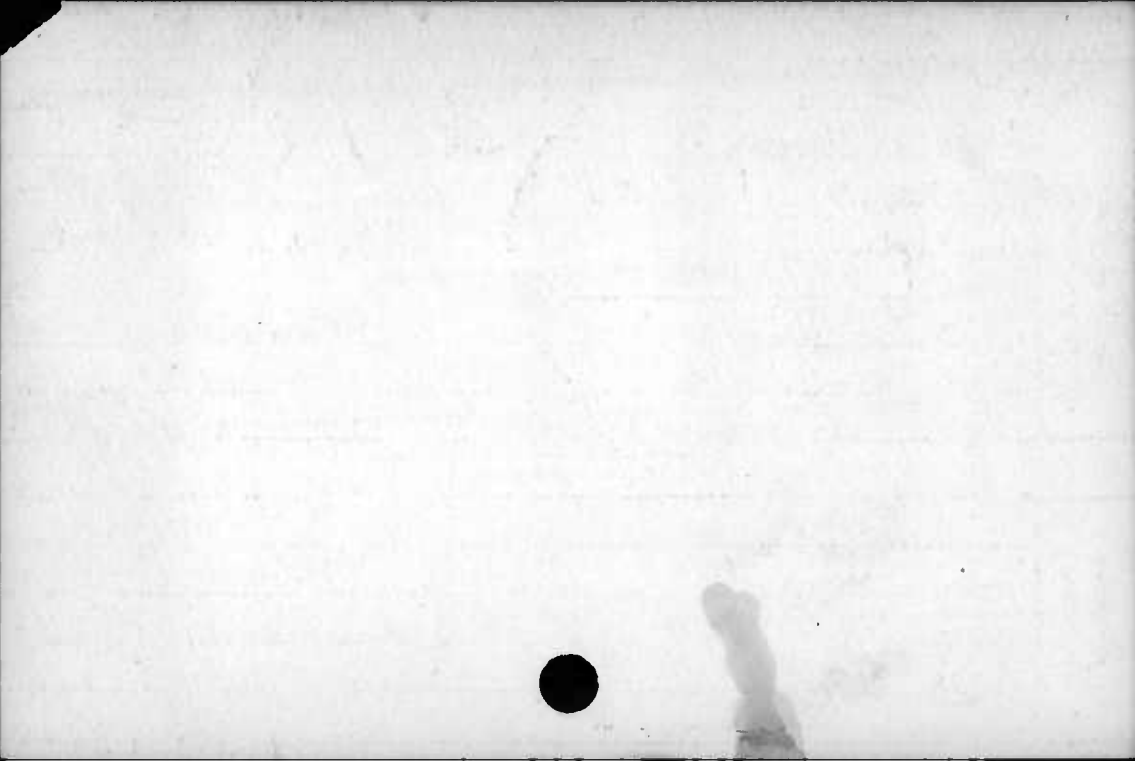
Died at <i>Annapolis</i> ^{Town}		<i>A-a Co.</i> ^{County}		MARYLAND	
Date of death <i>1908</i> ^{Year}		<i>Jan-</i> ^{Month}	<i>23.</i> ^{Day}	<i>11.</i> ^{Months}	<i>19.</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>Colord</i>	Birth-place <i>Rutland Md</i>			
Occupation <i>Domestic</i>	Where Residing if not at place of death <i>36. Acton Lane</i>				
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Joe Anderson</i>				
Father's Name <i>Alexander Parker</i>	Father's Birthplace <i>Rutland Md</i>				
Mother's Maiden Name <i>Frances Diggs</i>	Mother's Birthplace <i>" — "</i>				
Name of person giving information <i>Melvina Colbert.</i>	How related to deceased <i>Daughter</i>				

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary <i>Gastric catarrh</i>	How long <i>Two months</i>
Immediate <i>Heart Failure</i>	How long _____
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>John Ridout</i>
<i>yes</i>	Address <i>Annapolis Md</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Baby Bailey</i>		Town <i>Annapolis</i>		County <i>Anne Arundel</i>		MARYLAND	
Died at <i>Annapolis</i>		Date of death <i>1908</i>		Month <i>July</i>		Day <i>24</i>	
Age <i>Still born</i>		Sex <i>Male</i>		Color or Race <i>Black</i>		Birth-place <i>Annapolis, Md.</i>	
Occupation <i>I</i>		Where Residing if not at place of death <i>Annapolis, Md.</i>		Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>None</i>	
Father's Name <i>Thomas Johns</i>		Father's Birthplace <i>Annapolis, Md.</i>		Mother's Maiden Name <i>Emma Bailey</i>		Mother's Birthplace <i>Annapolis, Md.</i>	
Name of person giving information <i>Emma Bailey</i>		How related to deceased <i>Mother</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Still born</i>	How long	<i>1 hr.</i>
Immediate	<i>N</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Lucas B. Thumel</i>	
		Address <i>Annapolis, Md.</i>	
Accident or Suicide? <i>Neither</i>			



THE UNIVERSITY OF CHICAGO
PRESS

Name
in
Full

CERTIFICATE OF DEATH

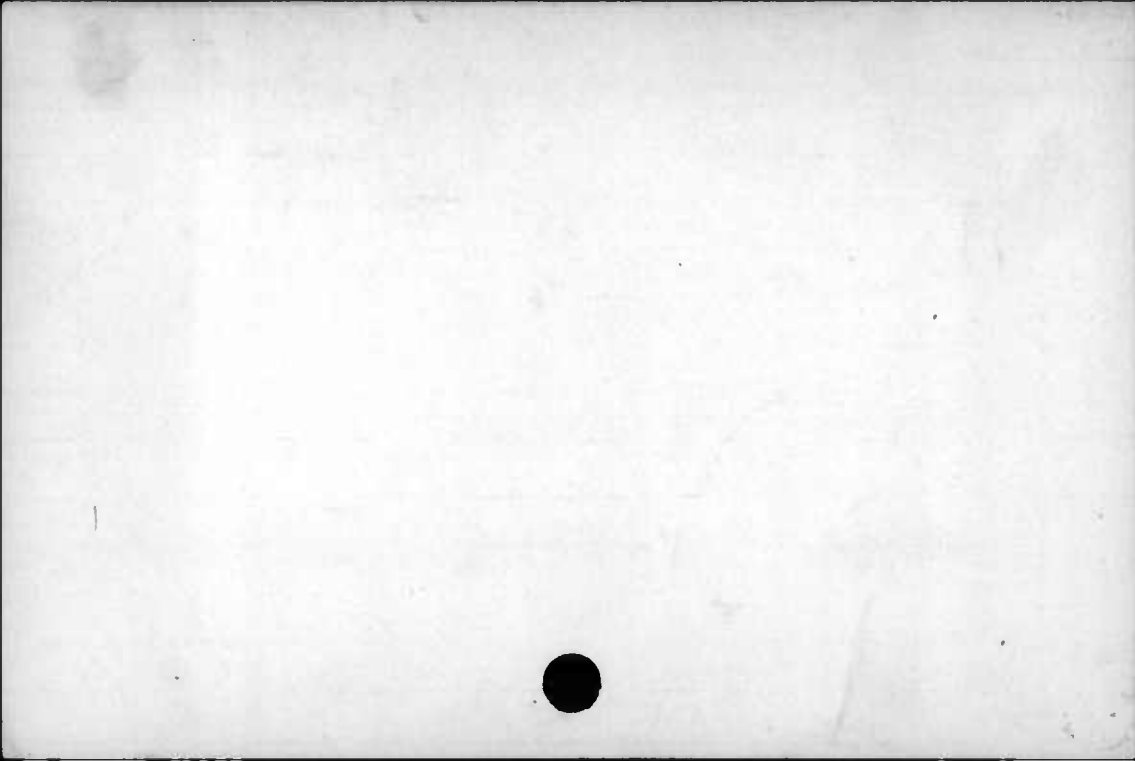
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>James Walter Barnes</i>		Town <i>Admiral</i>		County <i>Anne Arundel</i>		MARYLAND	
Died at <i>Admiral</i>		Month <i>1</i>		Day <i>14</i>		Years <i>—</i>	
Date of death <i>1908</i>		Age <i>—</i>		Months <i>—</i>		Days <i>14</i>	
Sex <i>Male</i>		Color or Race <i>Negro</i>		Birth-place <i>Admiral</i>			
Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>John T. Barnes</i>		Father's Birthplace <i>Ind</i>					
Mother's Maiden Name <i>Rachel Burley</i>		Mother's Birthplace <i>Ind</i>					
Name of person giving information <i>John T. Barnes</i>		How related to deceased <i>Father</i>					
CAUSES OF DEATH							

20

PHYSICIAN
OR CORONER

Primary <i>Sepsis Infection of umbilicus 10 days</i>		Immediate <i>Exhaustion</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>R. A. Hammond</i>	
Has not called <i>12 days after birth</i>		Address <i>Yes</i>	
Accident or Suicide? <i>No</i>			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

John Barton

Died at County Home

County Anne Arundel

MARYLAND

Date of death 1908

Month Jan

Day 4

Age 70

Years

Months

Days

Sex Male

Color or Race

Colored

Birth-place

Maryland

Occupation Laborer

Where Residing if not at place of death

Married, Single or Widowed Single

Name of Wife or Husband

Father's Name Unknown

Father's Birthplace Unknown

Mother's Maiden Name Unknown

Mother's Birthplace Unknown

Name of person giving information

How related to deceased

CAUSES OF DEATH

66

Primary Paralysis

How long 8 months

Immediate Heart failure

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician John Collinson

yes

Address South River

Accident or Suicide?

Md.



Name
in
Full

Jessie Bordley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Annapolis</u> ^{Town}		<u>Anne Arundel</u> ^{County}		MARYLAND	
Date of death <u>1908</u>	<u>January</u> ^{Month}	<u>12</u> ^{Day}	Age <u>72</u> ^{Years}	<u>✓</u> ^{Months}	<u>✓</u> ^{Days}
Sex <u>Female</u>	Color or Race <u>Negro</u>		Birth-place <u>Anne Arundel County Md</u>		
Occupation <u>Servant</u>	Where Residing if not at place of death <u>Annapolis</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>but her mother husband</u>				
Father's Name <u>Unknown</u>	Father's Birthplace <u>Unknown</u>		Mother's Birthplace <u>Unknown</u>		
Mother's Maiden Name <u>Faune Lawkine</u>	Name of person giving information <u>Roy Elliott</u>		How related to deceased <u>Friend</u>		

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary <u>Pneumonia & Influenza</u>	How long <u>Ten days</u>
Immediate <u>Heart Failure</u>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>John Ridout M.D.</u>
<u>yes</u>	Address <u>Annapolis Md</u>
Accident or Suicide?	



Name
in
Full

Ernest Brashears

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at East Port Town Ad County Ad MARYLAND

Date of death 1908 Month Jan Day 29th Age 16 Years Months Days

Sex Male Color or Race colored Birth-place Adbo.

Occupation Oyster-builer Where Residing if not at place of death

Married, Single or Widowed Name of Wife or Husband

Father's Name Jesse Brashears Father's Birthplace Adbo.

Mother's Maiden Name Maggie Brashears Mother's Birthplace Adbo.

Name of person giving Information Father Gross How related to deceased (95)

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Pulmonary congestion How long 24 hrs.

Immediate Heart Failure How long

Are the name, age, sex, color, date and place correctly given above?

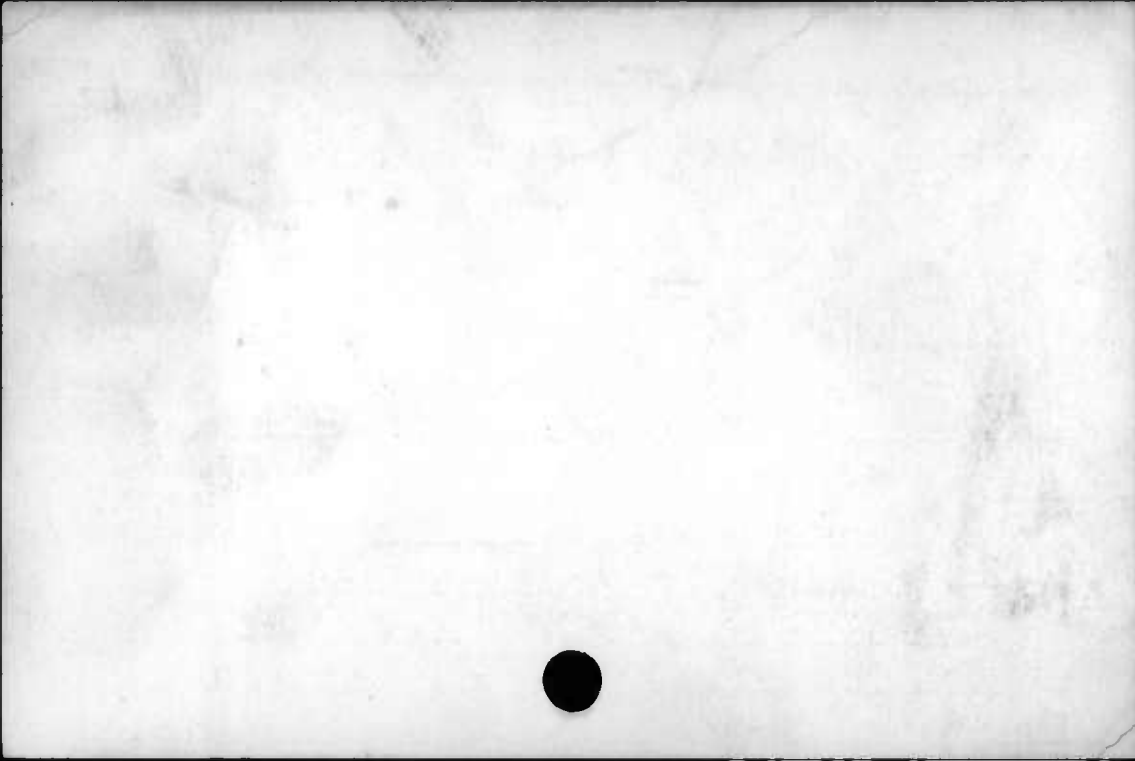
yes

Signature of Physician

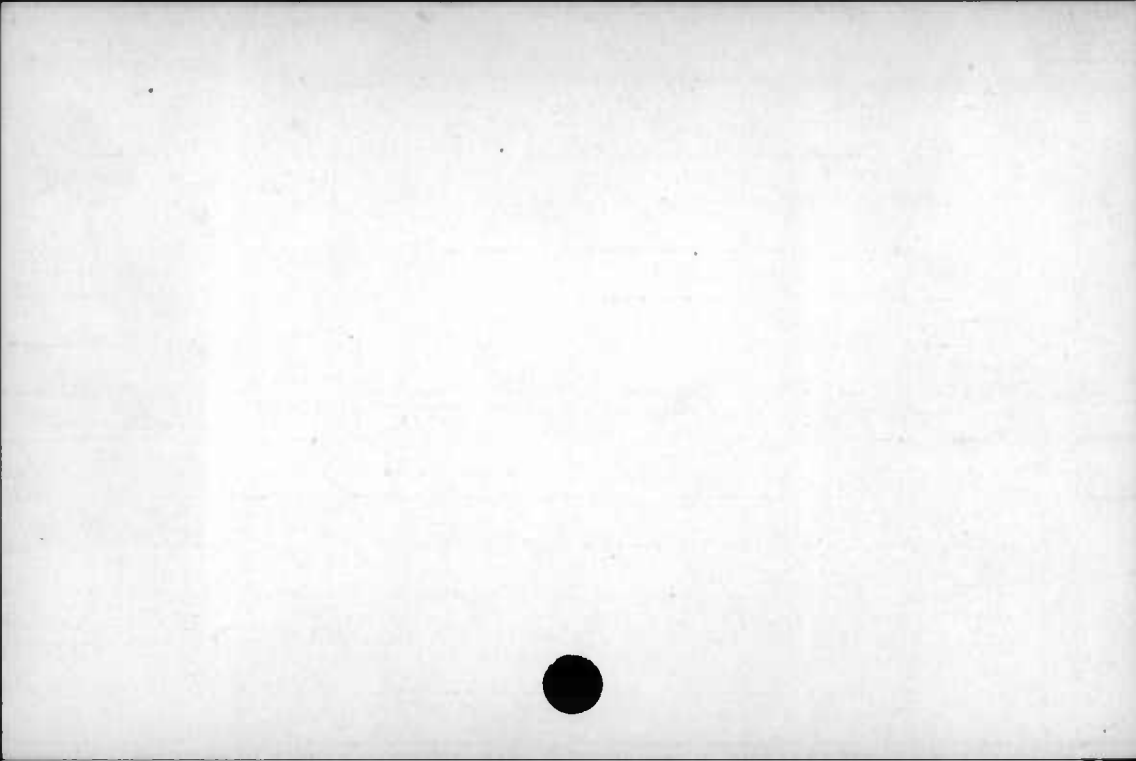
Address

John Ridout
Annapolis
MD

Accident or Suicide?



Name in Full		Brewer				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Annapolis		County		ARMY
	Date of death		1908	Month	Jan	Day	26
	Sex		Male		Color or Race		White
	Occupation				Where Residing if not at place of death		
	Married, Single or Widowed		Single		Name of Wife or Husband		
	Father's Name		William G Brewer		Father's Birthplace		Annapolis Md
	Mother's Maiden Name		Antoinette Morris		Mother's Birthplace		Detroit Mich
Name of person giving Information		Wm G Brewer		How related to deceased		Father	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Still born		How long		
	Immediate				How long		
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		Geo. Wells
	Accident or Suicide?		no		Address		Annapolis Md



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

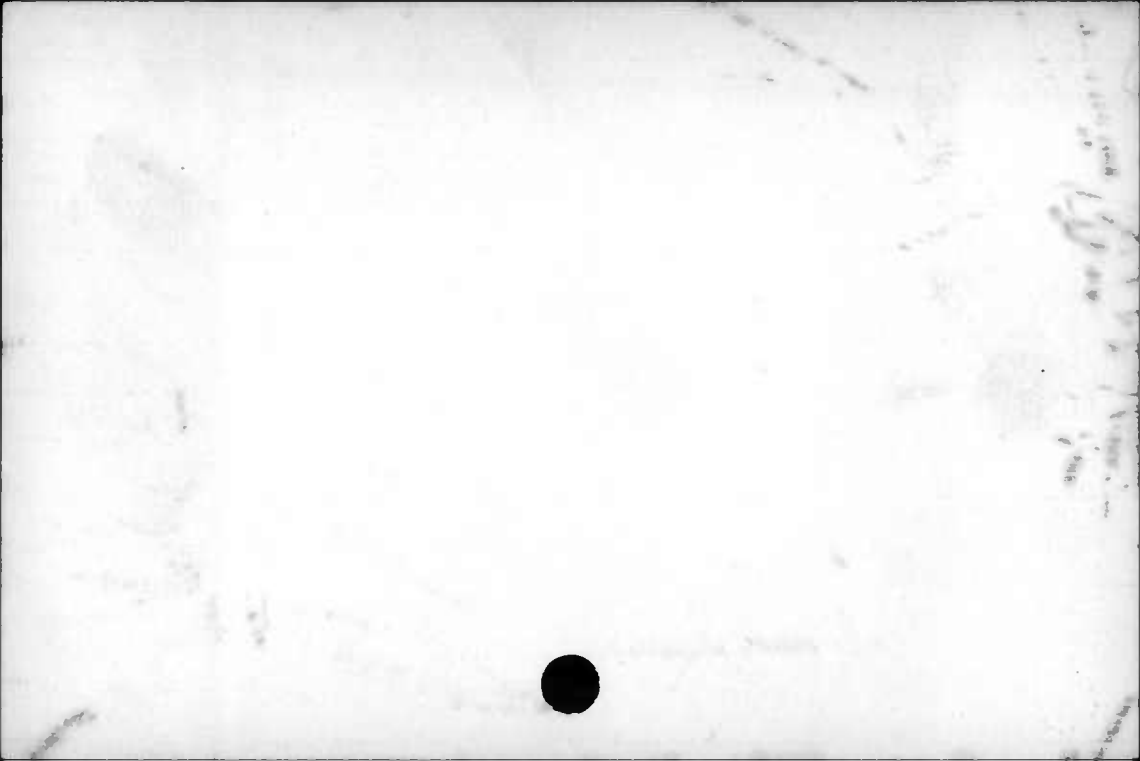
Died at <i>Friendship</i> Town		<i>A.</i> County		MARYLAND	
Date of death <i>1908</i>	Month <i>1</i>	Day <i>14</i>	Age <i>1</i>	Years <i>10</i>	Months <i>10</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Baltimore</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband			
Father's Name <i>Thas Brooks</i>		Father's Birthplace <i>Calvert Co</i>			
Mother's Maiden Name <i>Agnes Brooks</i>		Mother's Birthplace <i>Calvert Co</i>			
Name of person giving information <i>Isiah Stokes</i>		How related to deceased <i>Step Grand Father</i>			

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary	<i>Croupous Pneumonia</i>	How long <i>Ten days</i>
Immediate	<i>Heart Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J L Brayshaw</i>
		Address <i>Friendship Md</i>
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

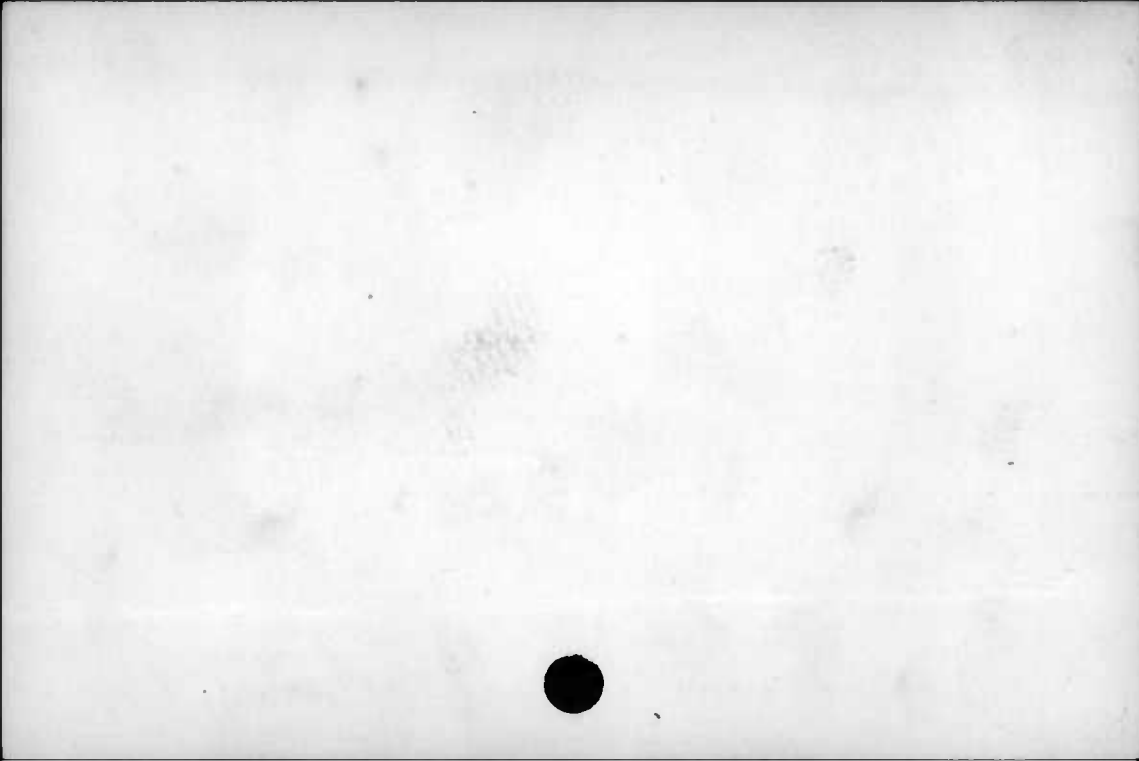
Died at <i>So. Baltimore</i>		Town <i>Ar. Ar.</i>		County	
Date of death	1908	Month	Jan	Day	23
Sex	Male	Color or Race	White	Age	—
Occupation	—		Birth-place	<i>So. Baltimore Md</i>	
Married, Single or Widowed			Where Residing if not at place of death		
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

71

PHYSICIAN
OR CORONER

Primary	<i>Infantile Convulsions</i>	How long	<i>4 hours -</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>Thos. B. J. Horton Jr.</i>
yes		Address	<i>So. Baltimore Md.</i>
Accident or Suicide? <i>—</i>			



Name
in
Full

CERTIFICATE OF DEATH

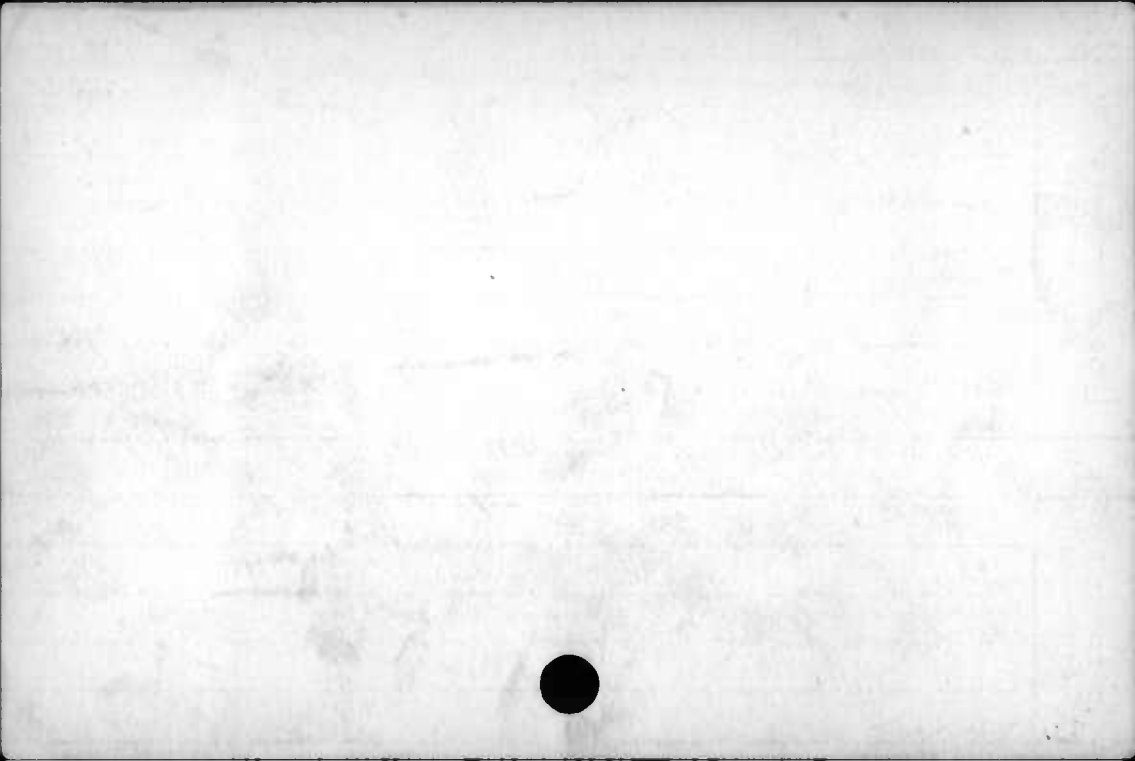
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Martha Burley</i>		Town <i>Hamm</i>		County <i>Anne Arundel</i>		State <i>MARYLAND</i>	
Died at <i>Hamm</i>		Month <i>1</i>		Day <i>5</i>		Years <i>5</i>	
Date of death <i>1908</i>		Month <i>1</i>		Day <i>5</i>		Years <i>5</i>	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Md</i>		Months <i>2</i>	
Occupation <i>none</i>		Where Residing if not at place of death <i>At Home</i>		Days <i>11</i>			
Married, Single or Widowed		Name of Wife or Husband					
Father's Name <i>Morgan Burley</i>		Father's Birthplace <i>Faith</i>					
Mother's Maiden Name <i>Louise Jones</i>		Mother's Birthplace <i>Md</i>					
Name of person giving information <i>Morgan Burley</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>4 days</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Harrison Tanager</i>
	Address <i>Elk Ridge Md</i>
Accident or Suicide?	



Name
in
Full

Edith M. Carter

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Brooklyn</i> Town		<i>AA</i> County		<i>(6)</i> MARYLAND <i>(1)</i>	
Date of death <i>1908</i>	Month <i>January</i>	Day <i>Sunday</i>	Age <i>1</i>	Months <i>16</i>	Days <i>11</i>
Sex <i>girl</i>	Color or Race <i>Colored</i>		Birth-place <i>Brooklyn</i>		
Occupation			Where Residing if not at place of death <i>Marshall Farm</i>		
Married, Single or Widowed		Name of Wife or Husband <i>Louisa Carter</i>			
Father's Name <i>Robert. Carter</i>			Father's Birthplace <i>Brooklyn</i>		
Mother's Maiden Name <i>Louisa Boston</i>			Mother's Birthplace <i>don't know</i>		
Name of person giving information <i>Mrs Isaiah Pumphrey</i>			How related to deceased <i>Mother</i>		

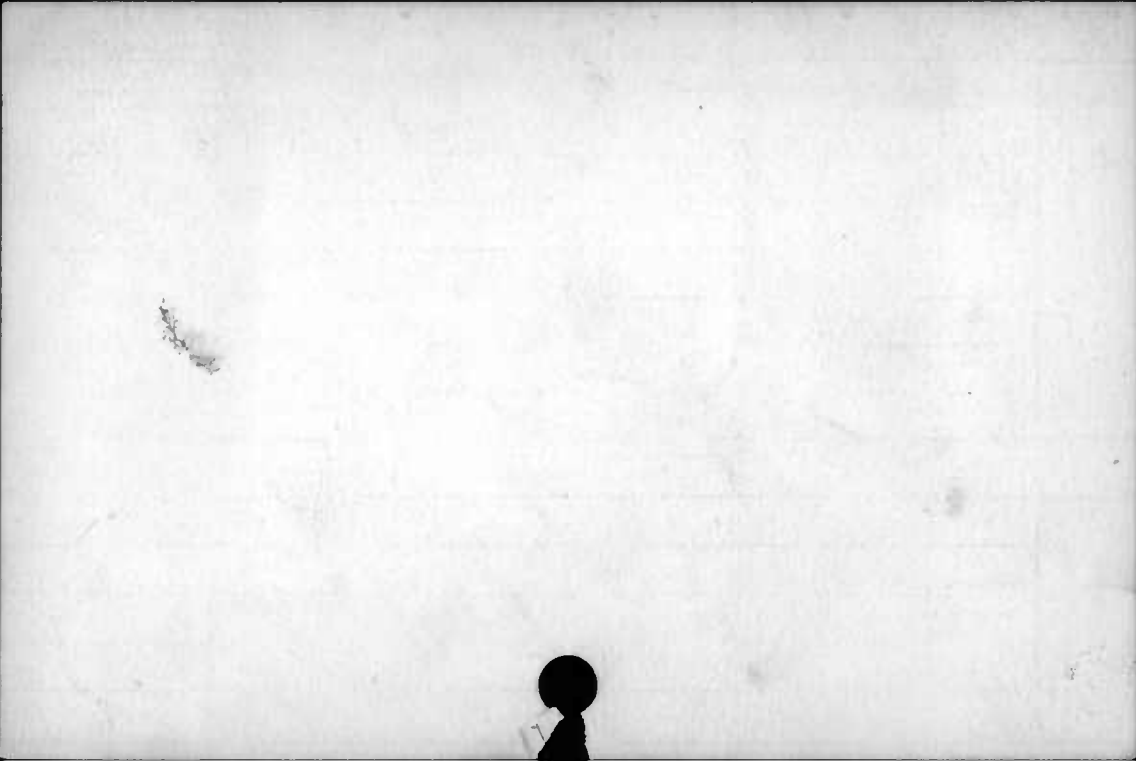
CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary	<i>Grapple</i>	How long
Immediate	<i>cannot say</i>	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>L. H. H. H.</i>
<i>Since 2 weeks at</i>		Address <i>Brooklyn</i>
Accident or Suicide?		<i>do. do. do.</i>

1



Name
in
Full

Harriet V. Christensen

CERTIFICATE OF DEATH

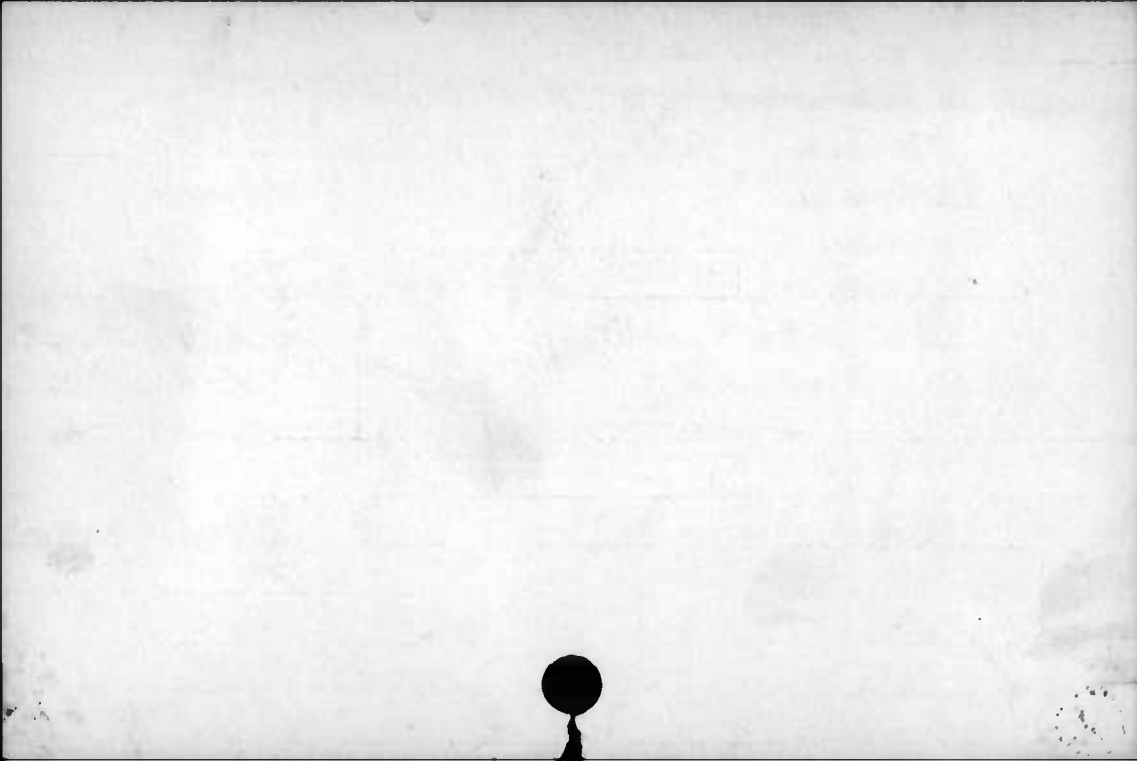
Died at <u>East Port</u> ^{Town}		<u>Anne Arundel</u> ^{County}		MARYLAND	
Date of death <u>1908</u>	Month <u>Jan</u>	Day <u>22</u>	Age <u>29</u>	Years	Months
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-Place <u>East Port Md</u>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <u>Married</u>		Name of Wife or Husband <u>Chris Christensen</u>			
Father's Name <u>Charles H. Springer</u>		Father's Birthplace <u>Hagerstown Md</u>			
Mother's Maiden Name <u>Lizzie Lyle</u>		Mother's Birthplace <u>A. A. Co. Md</u>			
Name of person giving information <u>Chris Christensen</u>		How related to deceased <u>Husband</u>			

CAUSES OF DEATH

27

Primary <u>Pulmonary Tuberculosis</u>	How long <u>1 year, 11 mos</u>
Immediate <u>Exhaustion</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Wm S Welch</u>
	Address <u>Annapolis Md</u>
Accident or Suicide? <u>—</u>	

TO BE ANSWERED BY
NEAREST FRIEND1
PHYSICIAN
OR CORONER



Name
in
Full

Henry S. Crandell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>McKendree,</i>		Town		<i>Anne Arundel</i>		County		MARYLAND	
Date of death <i>1908</i>	Month <i>Jan</i>	Day <i>20</i>	Age <i>75</i>	Years	Months	Days			
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>						
Occupation <i>Farmer</i>	Where Residing if not at place of death								
Married, Single or Widowed <i>Widower</i>	Name of Wife or Husband <i>Elizabeth Crandell</i>								
Father's Name <i>Thomas Crandell</i>	Father's Birthplace <i>Md.</i>								
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i>Unknown</i>								
Name of person giving information <i>Julius Crandell</i>	How related to deceased <i>Son</i>								

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Heart disease</i>	How long <i>about 1 year</i>
Immediate <i>Asthma</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>A. H. Terrie</i>
	Address <i>McKendree, Md.</i>
Accident or Suicide?	



Name
in
Full

Richard B Cranford

CERTIFICATE OF DEATH

MARYLAND

Died at *Heck* Town

County

a a

Date

of death *1908*

Month

Jan

Day

17

Age

Years

52

Months

Days

Sex

*male*Color or
Race*white*Birth-
place*Prince Georges Co. Md*

Occupation

*Carpenter*Where Residing if not
at place of deathMarried, Single
or Widowed*widower*Name of Wife or
HusbandFather's
Name*John Cranford*Father's
Birthplace*Calvert Co Md*Mother's
Maiden Name*Annie Coadington*Mother's
BirthplaceName of person giving
Information*Brother J. B. Cranford*How related
to deceased

CAUSES OF DEATH

40

Primary

Cancer of Stomach

How long

10 mos

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*S. S. Hopkins*

Address

*Calvert Co
Md*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER**7**



Name
in
Full

Mildred Cummings

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

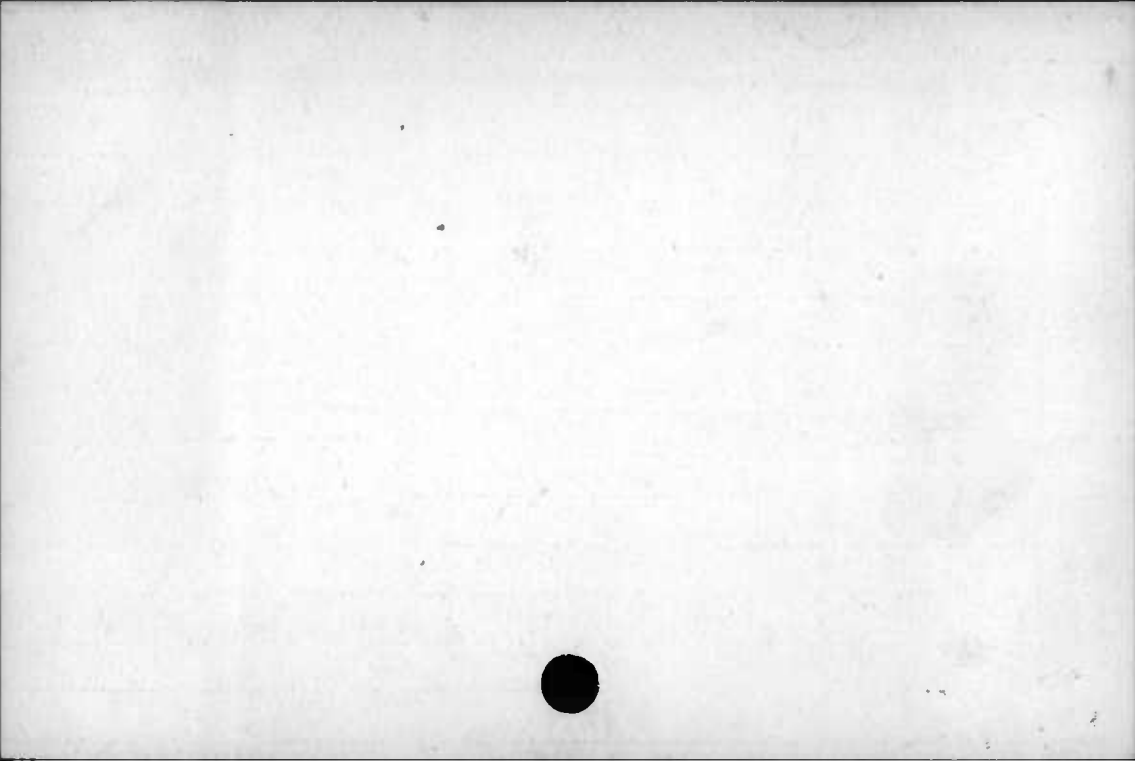
Died at		Annapolis		County		A - A -		MARYLAND	
Date of death		1908	Month	Jan -	Day	13	Age	Years	8
Sex		Female		Color or Race		Colord.		Birth-place	
Occupation		unknown.		Where Residing if not at place of death		18 monument st.			
Married, Single or Widowed		single		Name of Wife or Husband		unknown.			
Father's Name		James Cummings		Father's Birthplace		Annapolis			
Mother's Maiden Name		Mattie Anderson.		Mother's Birthplace		South River			
Name of person giving information		Mattie Anderson		How related to deceased		Mother			

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary	Marasmus	How long	3 months
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		J. S. Melch H.O.	
		Address	
		Annapolis	
Accident or Suicide?			



Name
in
Full

Emeline Finckle

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

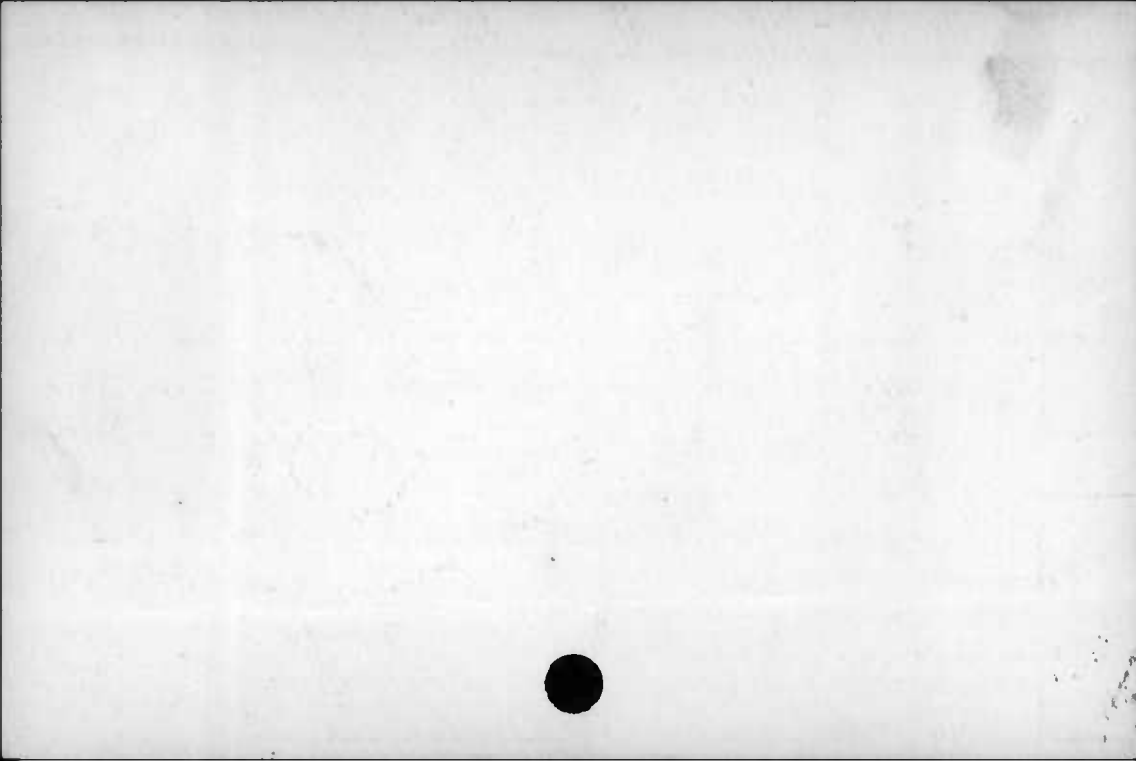
Died at <i>Marley</i> <small>Town</small>		<i>a, a</i> <small>County</small>		MARYLAND	
Date of death	<i>1908</i> <small>Year</small>	<i>June</i> <small>Month</small>	<i>15</i> <small>Day</small>	<i>48</i> <small>Years</small>	<i>—</i> <small>Months</small>
Sex	<i>Female</i>	Color or Race	<i>Colored</i>	Birthplace	<i>N. C.</i>
Occupation	<i>Housework</i>	Where Residing if not at place of death	<i>Married</i>		
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	<i>Elie Lipp.</i>			Father's Birthplace	<i>N. C.</i>
Mother's Maiden Name	<i>Finckle</i>			Mother's Birthplace	<i>N. C.</i>
Name of person giving information	<i>S. R. Finckle</i>			How related to deceased	<i>Husband</i>

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	<i>Paralysis of Heart</i>	How long	<i>Immediate</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	
Signature of Physician		<i>W. B. Horton M.D.</i>	
Address			
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Andrew Fisher Town *South River* County *Arundel*

Died at *South River* *Arundel*

Date of death *1908* Month *Jan* Day *21* Age *25* Years Months Days

Sex *Male* Color or Race *White* Birth-place *Anne Arundel Co.*

Occupation *Unknown* Where Residing if not at place of death

Married, Single or Widowed *Single* Name of Wife or Husband

Father's Name *Unknown* Father's Birthplace *unknown*

Mother's Maiden Name *Unknown* Mother's Birthplace *unknown*

Name of person giving information *John Collinson* How related to deceased *no relation*

CAUSES OF DEATH

Stranger to me before this time

PHYSICIAN
OR CORONER

Primary *Pulmonary Tuberculosis* *27* How long *Attended him 21 days*

Immediate *Exhaustion* How long *21 days*

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *John Collinson*

On looking over my books I found I had omitted to Address *South River Md.*

Accident or Suicide? *Send in this name before*

f

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

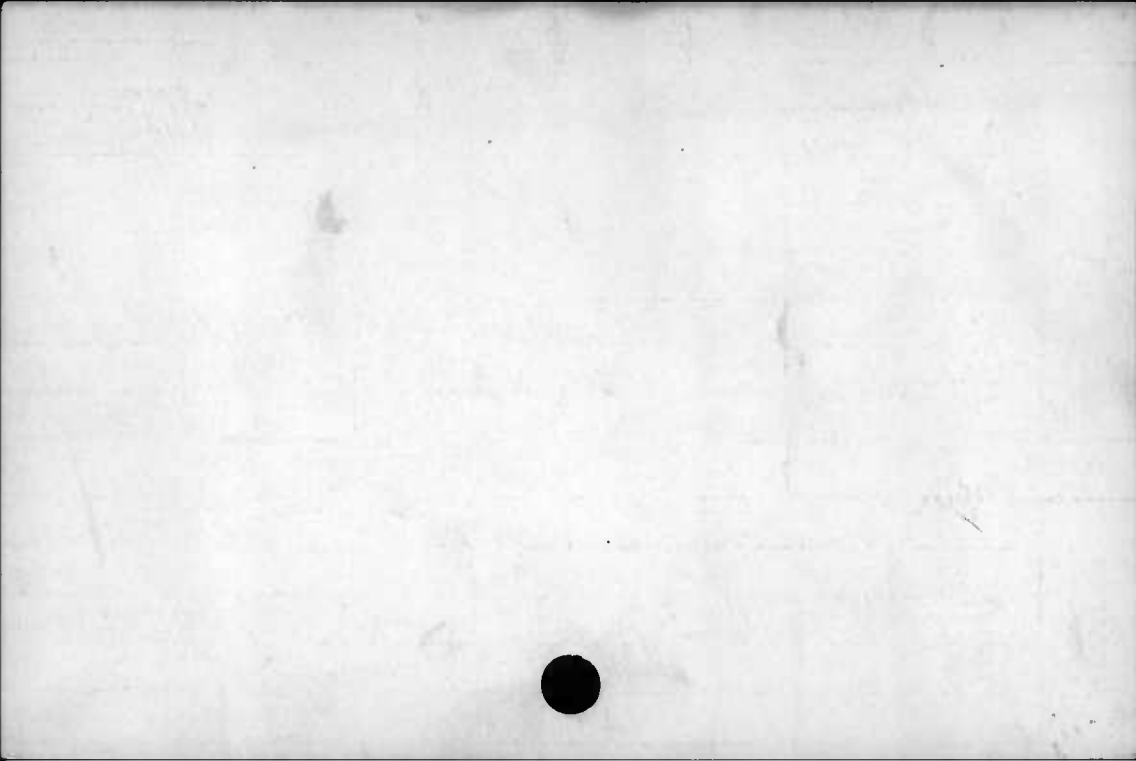
Died at <i>Annapolis</i> <small>Town</small>		<i>Goodwin</i> <small>County</small>		MARYLAND	
Date of death <i>1908 Jan.</i> <small>Month</small>		<i>9</i> <small>Day</small>	Age <i>—</i> <small>Years</small>	<i>—</i> <small>Months</small>	<i>2</i> <small>Days</small>
Sex <i>Male</i>	Color or Race <i>Colored</i>	Birth-place <i>Annapolis</i>			
Occupation <i>—</i>		Where Residing if not at place of death <i>Ellet St</i>			
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Lana Goodwin</i>		Father's Birthplace <i>Annapolis</i>			
Mother's Maiden Name <i>Maggie Howard</i>		Mother's Birthplace <i>Annapolis</i>			
Name of person giving Information <i>Elsie Sway</i>		How related to deceased <i>Cousin</i>			

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary <i>Premature Birth</i>	How long <i>—</i>
Immediate <i>—</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>John Ridontello</i>
	Address <i>Annapolis Md</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

CERTIFICATE OF DEATH

Mr. H. De Grouchy

Town

County

MARYLAND

Died at

Brooklyn

C.C.

Date

Month

Day

Years

Months

Days

of death

1908 June

31

Age

—

4

Sex

male

Color or
Race

white

Birth-
place

Brooklyn

Occupation

child

Where Residing if not
at place of death

—

Married, Single

no

Name of Wife or
Husband

Father's
Name

John C. De Grouchy

Father's
Birthplace

md

Mother's
Maiden Name

Ronald Brown

Mother's
Birthplace

md

Name of person giving
In formation

Justin

How related
to deceased

Justin

CAUSES OF DEATH

92

Primary

Branchial Pneumonia

How long

7 weeks

Immediate

Cardiac failure

How long

—

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

W. H. B. M.

Address

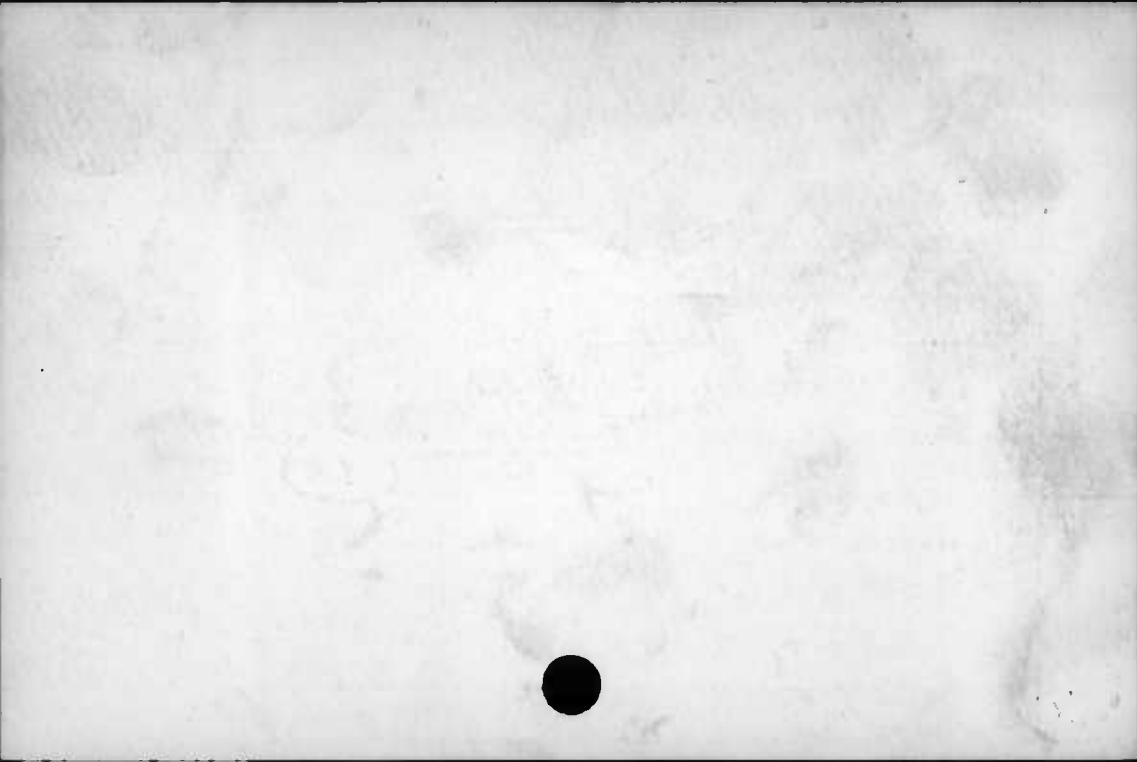
*1228 1/2 Charles St
Baltimore*

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

1



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

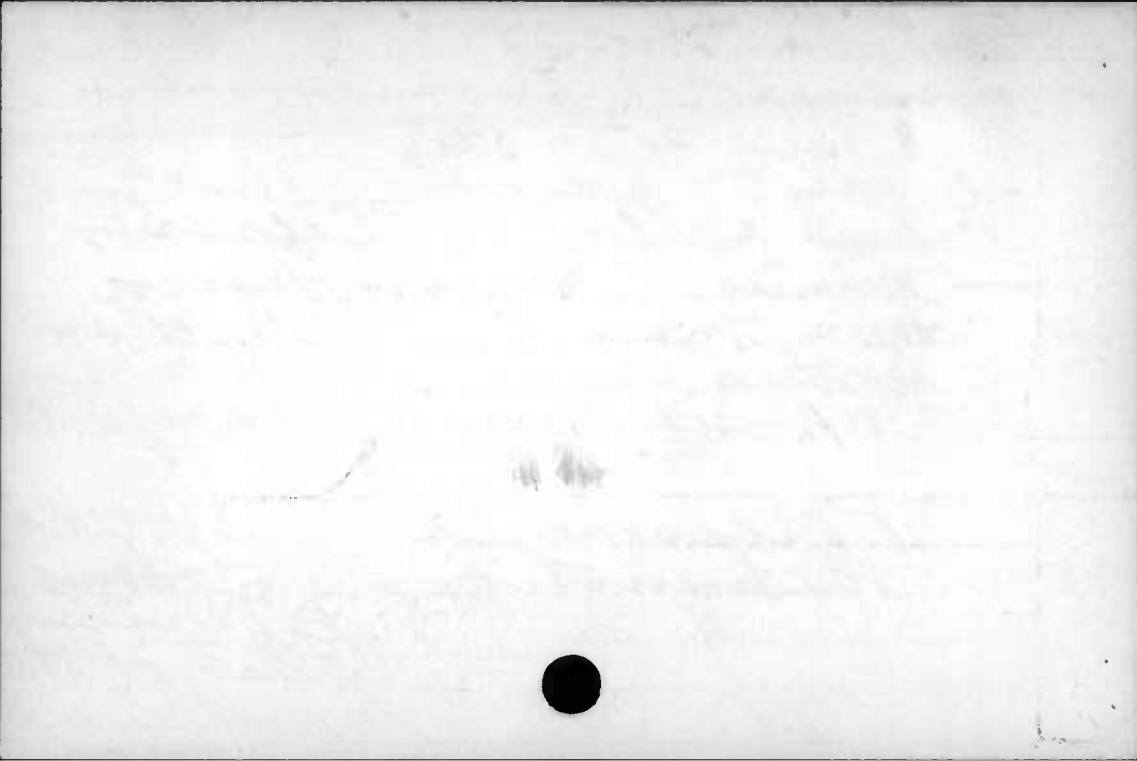
Died at <i>Greenfield</i>		County <i>Anne Arundel</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>Jan</i>	Day <i>29</i>	Age <i>96</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Maryland</i>		
Occupation <i>Unknown</i>			Where Residing if not at place of death <i>Greenfield</i>		
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Henry Green</i>				
Father's Name <i>Unknown</i>	Father's Birthplace <i>Unknown</i>		Mother's Birthplace <i>Unknown</i>		
Mother's Maiden Name <i>Unknown</i>	Name of person giving information <i>Thos Hutchel</i>		How related to deceased <i>Son in Law</i>		

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>4 months</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Wm. H. G. Brown</i>
	Address <i>South Baltimore</i>
Accident or Suicide?	<i>Not</i>



Name
in
Full

Thomas L. Green

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

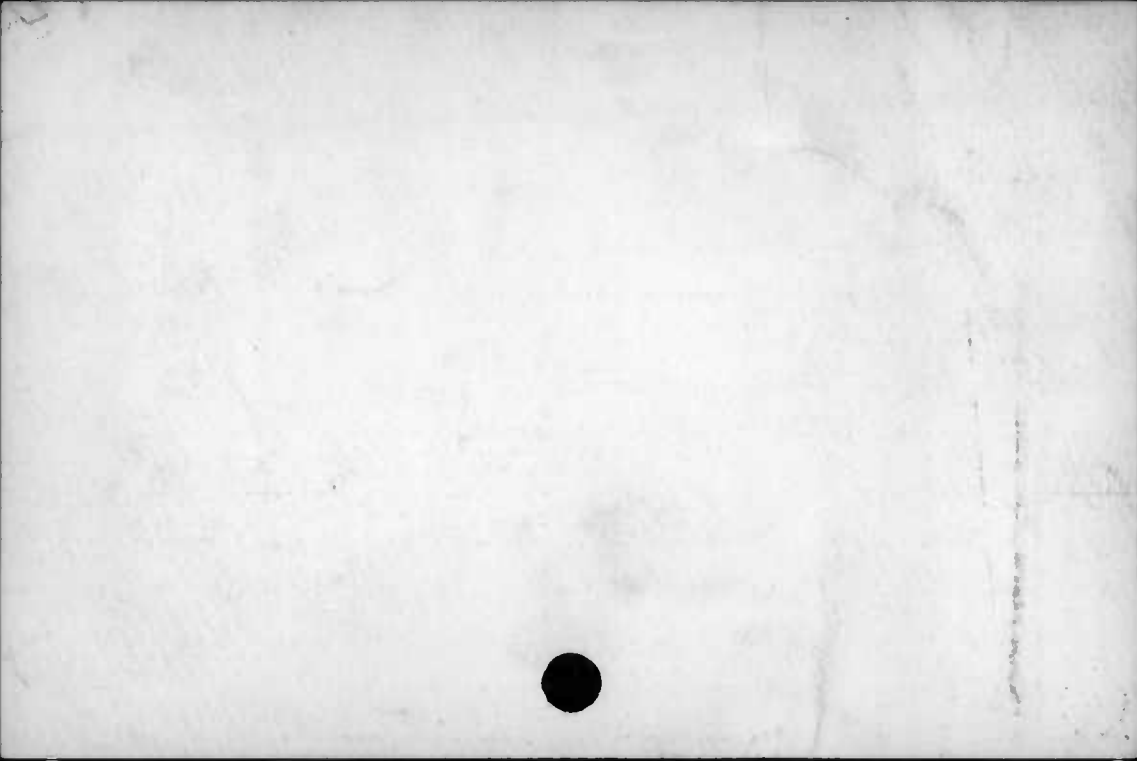
Died at <i>Annopolis</i> ^{Town}		<i>Ann Arundel</i> ^{County}		MARYLAND	
Date of death	1908	Month	June	Day	21 st
Age	52	Years		Months	
Sex	Male	Color or Race	Colored	Birth-place	West River Md
Occupation	Retired Sailor		Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		Father's Birthplace			
Mother's Maiden Name		Mother's Birthplace			
Name of person giving information		How related to deceased			

CAUSES OF DEATH

(93)

PHYSICIAN
OR CORONER

Primary	<i>Pneumonia</i>	How long	<i>2 weeks</i>
Immediate	<i>Exhaustion</i>	How long	<i>2 hours</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Y</i>	Signature of Physician	<i>T. J. Green</i>
		Address	<i>60 Cathedral St. Annapolis Md</i>
Accident or Suicide?	<i>No</i>		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>West River</u> ^{Town}		<u>Anne Arundel</u> ^{County}		MARYLAND	
Date of death <u>1908</u>	Month <u>1</u>	Day <u>6</u>	Age <u>69</u> ^{Years}	Months <u>1</u>	Days <u>12</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Maryland</u>		
Occupation <u>—</u>		Where Residing if not at place of death <u>West River Md.</u>			
Married, Single <u>Widowed</u>		Name of Wife or Husband <u>Richd W. Hardesh</u>			
Father's Name <u>Robt M. Wood</u>		Father's Birthplace <u>Maryland</u>			
Mother's Maiden Name <u>Ellen Parish</u>		Mother's Birthplace <u>Maryland</u>			
Name of person giving information <u>R. F. Hardesh</u>		How related to deceased <u>Son</u>			

CAUSES OF DEATH

81

PHYSICIAN
OR CORONER

Primary <u>Supposed Anurysm</u>	How long <u>8 months</u>
Immediate <u>Anurysm</u>	How long <u>8 mrs</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>R. F. Hardesh</u>
	Address <u>Baltimore</u>
Accident or Suicide? <u>—</u>	<u>Maryland</u>



Name
in
Full

Mary H. Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

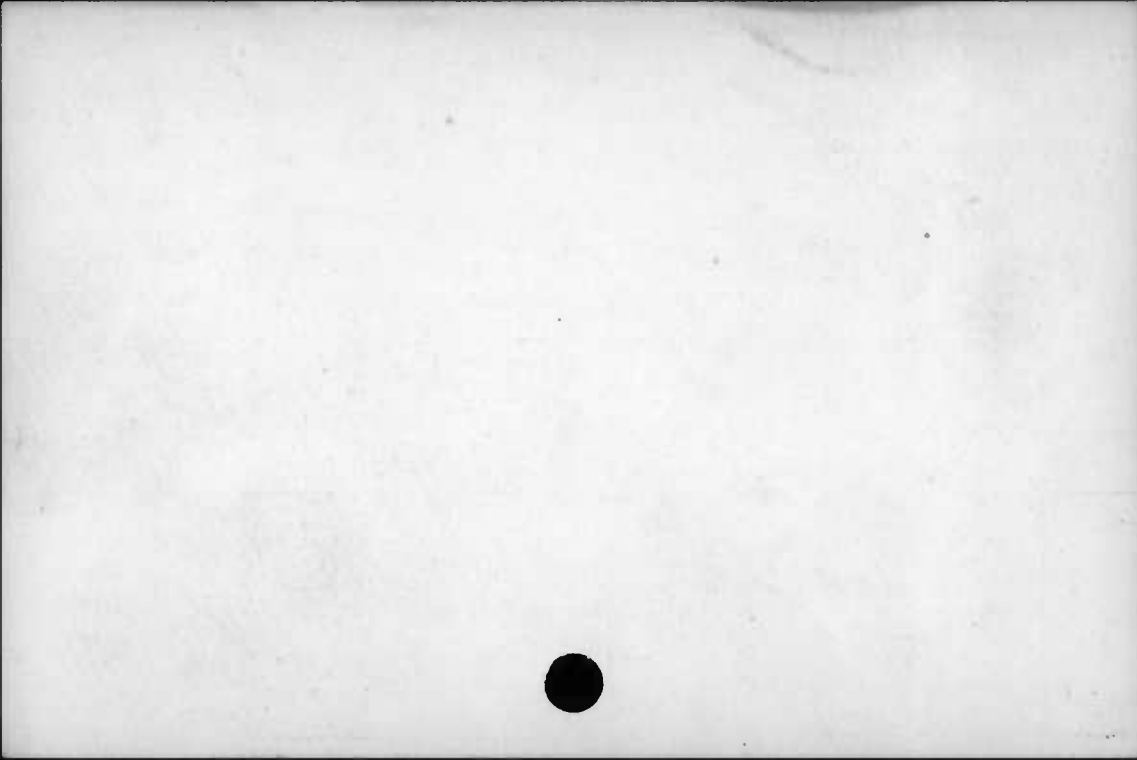
Died at <i>Annapolis Md</i>		Town <i>U. A. Co</i>		County	
Date of death <i>1908</i>	Month <i>Jan</i>	Day <i>21</i>	Age <i>73</i>	Years	Months
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Middletown Md</i>		
Occupation <i>Book</i>		Where Residing if not at place of death <i>83 Bay at</i>			
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>W. Annis</i>		<i>Stebson</i>		
Father's Name <i>Unknown</i>	Father's Birthplace <i>Unknown</i>				
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i>.. ..</i>				
Name of person giving information <i>William H. Brightly</i>		How related to deceased <i>Grand-dow</i>			

CAUSES OF DEATH

154

PHYSICIAN
OF CORNER
1

Primary <i>Senility</i>	How long <i>Months</i>
Immediate <i>Exhaustion</i>	How long <i>Gradual Exhaustion</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>John Ridout M.D.</i>
	Address <i>Annapolis Md</i>
Accident or Suicide?	



Name
In
Full

Martha C. Hinton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

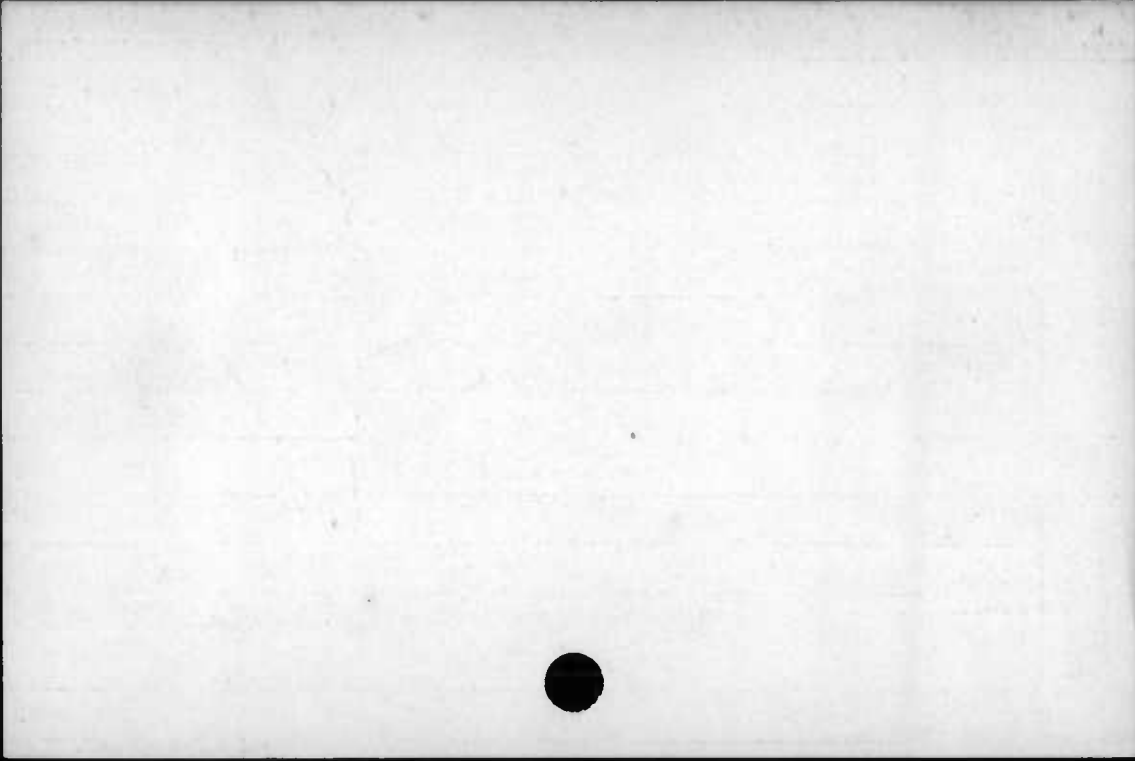
Died at <u>Annapolis</u> ^{Town}		<u>A. A. Co.</u> ^{County}		MARYLAND	
Date of death <u>1908</u> ^{Month} <u>Jan.</u> ^{Day} <u>17</u>		Age <u> </u> ^{Years}		Months <u> </u> Days <u>2</u>	
Sex <u>Female</u>		Color or Race <u>White</u>		Birth-place <u>Annapolis</u>	
Occupation <u> </u>		Where Residing if not at place of death <u>East St</u>			
Married, Single or Widowed <u>single</u>		Name of Wife or Husband <u> </u>			
Father's Name <u>George L. Hinton</u>		Father's Birthplace <u>Annapolis</u>			
Mother's Maiden Name <u>Elizabeth Mitchel</u>		Mother's Birthplace <u>Annapolis</u>			
Name of person giving information <u>Geo. L. Hinton</u>		How related to deceased <u>Father</u>			

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary	<u>Premature Birth</u>	How long	<u>2 days</u>
Immediate	<u>Asphyxia</u>	How long	<u>2 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>Wm S Welch</u>	
		Address <u>Annapolis</u>	
Accident or Suicide? <u> </u>			



Name
in
Full

Beatrice Catherine Horton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

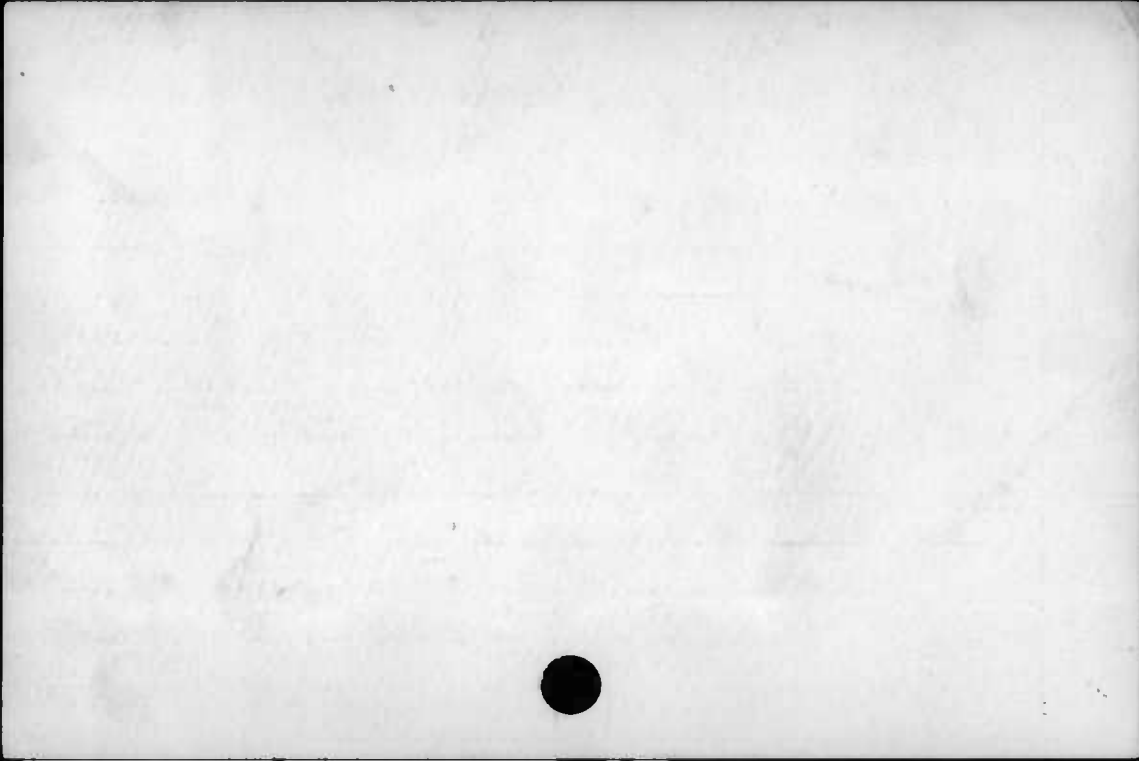
Died at Brooklyn ^{Town} Act ^{County}
 Date of death 1908 ^{Year} Jan ^{Month} 23 ^{Day} Age — ^{Years} 4 ^{Months} 2 ^{Days}
 Sex Female Color or Race White Birth-place Brooklyn, Md.
 Occupation — Where Residing if not at place of death —
 Married, Single or Widowed — Name of Wife or Husband —
 Father's Name Morgan Horton Father's Birthplace Virginia
 Mother's Maiden Name Ireana Stockhausen Mother's Birthplace Balto., Md.
 Name of person giving information Morgan Horton How related to deceased Father

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary Acute Indigestion How long 6 hours
 Immediate Convulsions How long 2 hours
 Are the name, age, sex, color, date and place correctly given above? yes
 Signature of Physician Thos. B. Horton, M.D.
 Address So. Balto., Md.
 Accident or Suicide? —



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Agnes Iglehart</i>		Town <i>Davidsonville</i>		County <i>Anne Arundel</i>		State <i>MARYLAND</i>	
Died at <i>Davidsonville</i>		Month <i>Jan</i>		Day <i>10</i>		Years <i>59</i>	
Date of death <i>1908 Jan 10</i>		Age <i>59</i>		Months <i>10</i>		Days <i>19</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Near Davidsonville</i>			
Occupation <i>Teacher</i>				Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>James Alexis Iglehart</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Maria Deborah Welch</i>		Mother's Birthplace <i>Maryland</i>					
Name of person giving Information <i>T. R. Davidson</i>		How related to deceased <i>Bro-in-law</i>					

CAUSES OF DEATH

Primary <i>Cancer of Uterus</i>	How long <i>Four years</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>T. R. Davidson</i>
	Address <i>Davidsonville Md.</i>
Accident or Suicide	

PHYSICIAN
OR CORONER

①



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Robert T Jackson* Town *Annapolis* County *Prince Georges* State *Md*

Died at *Annapolis* Date of death *1908 Jan 26* Age *—* Months *3* Days *—*

Sex *Male* Color or Race *Caucasian* Birth-place *Annapolis*

Occupation *Unknown* Where Residing if not at place of death *Unknown*

Married, Single or Widowed *Single* Name of Wife or Husband *Unknown*

Father's Name *James Jackson* Father's Birthplace *Severna Park Md*

Mother's Maiden Name *Martha Harried* Mother's Birthplace *Severna Park Md*

Name of person giving information *James Jackson* How related to deceased *Father*

CAUSES OF DEATH 90

PHYSICIAN
OR CORONER

Primary *Capillary Bronchitis* How long *Four days*

Immediate *Apnoea* How long *—*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *John Ridout, MD* Address *Annapolis Md*

Accident or Suicide? ☐



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Henry Jones Town *Annapolis* County *Anne Arundell* MARYLAND

Died at *Annapolis*

Date of death 1908 July 6 Age 75 Years Months Days

Sex *Male* Color or Race *Colored* Birth-place *Virginia*

Occupation *Labourer* Where Residing if not at place of death *23 Calvert St*

Married, Single or Widowed *Married* Name of Wife or Husband *Nancy Jones*

Father's Name *Dout Reed* Father's Birthplace *Virginia*

Mother's Maiden Name *"Nancy" Jones* Mother's Birthplace *"*

Name of person giving information *Nancy Jones* How related to deceased *Wife*

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

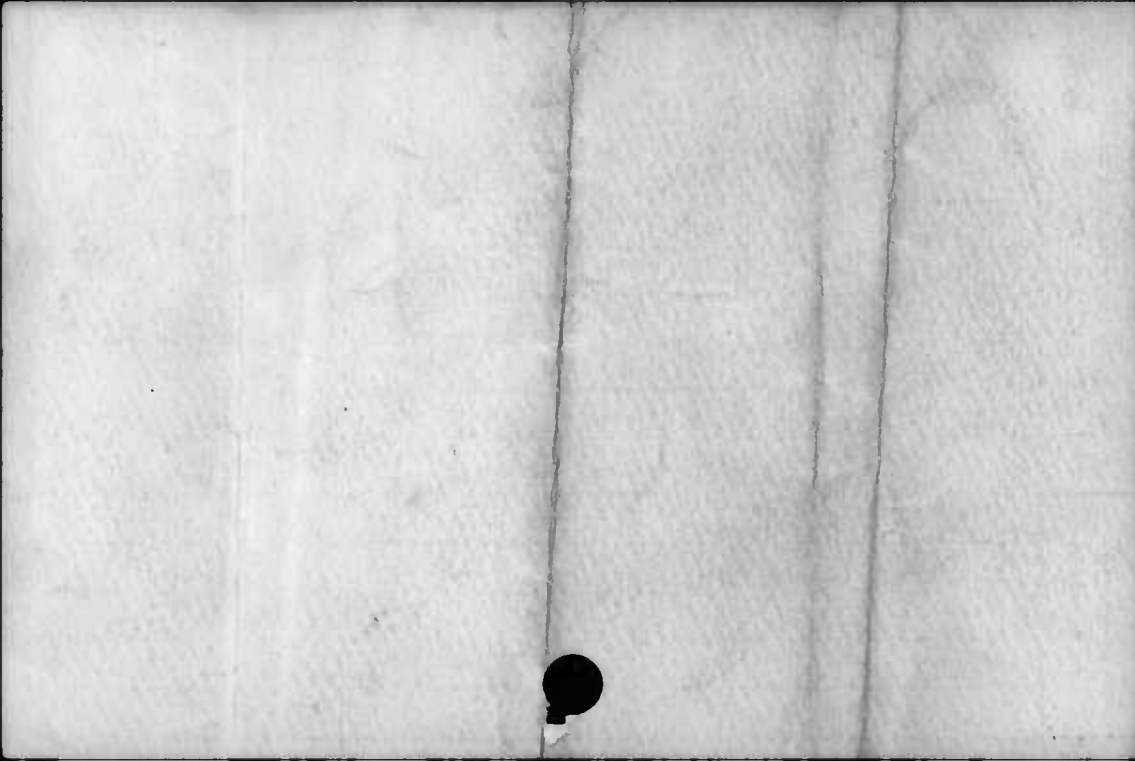
Primary *Infirmities of Age* How long

Immediate *Exhaustion* How long

Are the name, age, sex, color, date and place correctly given above? *Yes, as nearly as known*

Signature of Physician *Wm S Welch M.D.* Address *Annapolis*

Accident or Suicide? *—*



Name
in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

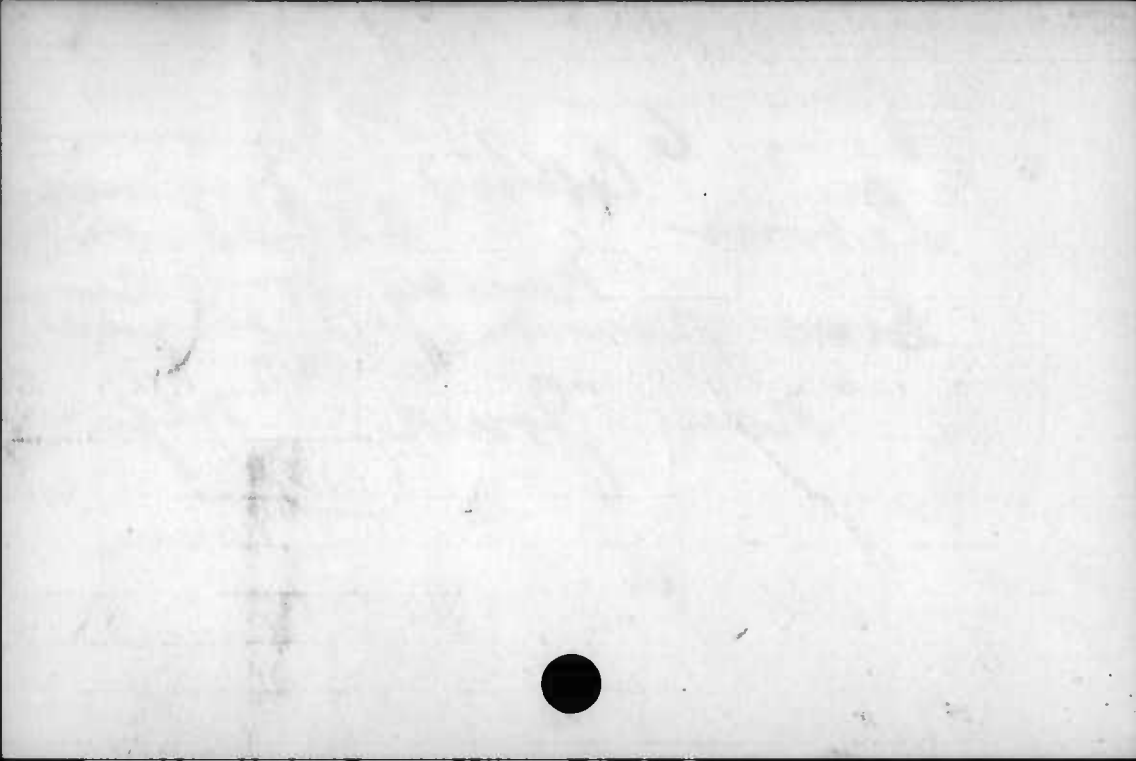
Died at <i>Annapolis</i> ^{Town}		<i>A A</i> ^{County}			
Date of death	<i>1908</i>	Month	<i>Jan.</i>	Day	<i>5</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Years	<i>—</i>
Occupation <i>—</i>		Birth-place <i>Annapolis</i>		Months	<i>4</i>
Where Residing if not at place of death <i>—</i>		Days		<i>—</i>	
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Charles Jones</i>		Father's Birthplace <i>A A Co. Md</i>			
Mother's Maiden Name <i>Alice S. Wells</i>		Mother's Birthplace <i>A A Co. Md</i>			
Name of person giving information <i>Charles Jones</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	<i>Acute Enterocolitis</i>	How long	<i>3 days</i>
Immediate	<i>Exhaustion</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>S. S. Stephens</i>	
<i>Yes</i>		Address <i>Annapolis</i>	
Accident or Suicide?		<i>Ind.</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Wm Henry Jory*

Town *South Baltimore* County *Anne Arundel*

Died at *South Baltimore*

Date of death *1908 Jan 31* Age *35* Months *5* Days *17*

Sex *Male* Color or Race *White* Birth-place *Balto*

Occupation *Mariner* Where Residing if not at place of death *Balto*

Married, Single or Widowed *Married* Name of Wife or Husband *Elizabeth Jory*

Father's Name *John S Jory* Father's Birthplace *Balto*

Mother's Maiden Name *Ardelta Perry* Mother's Birthplace *Wm*

Name of person giving information *John S Jory* How related to deceased *Father*

CAUSES OF DEATH

172

PHYSICIAN
OR CORONER

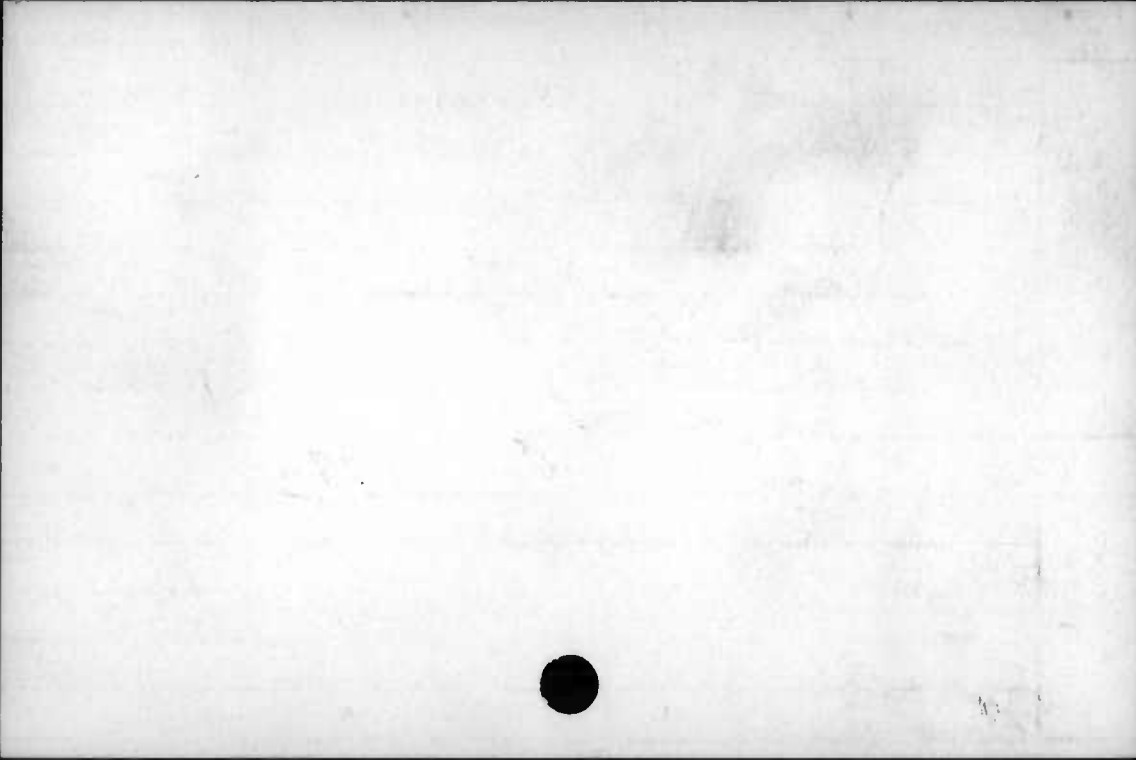
Primary *Drowning* How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *Wm Glasschick* Address *South Balto*

Accident or Suicide? *Accident*



Name
In
Full

Helen Jurok

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

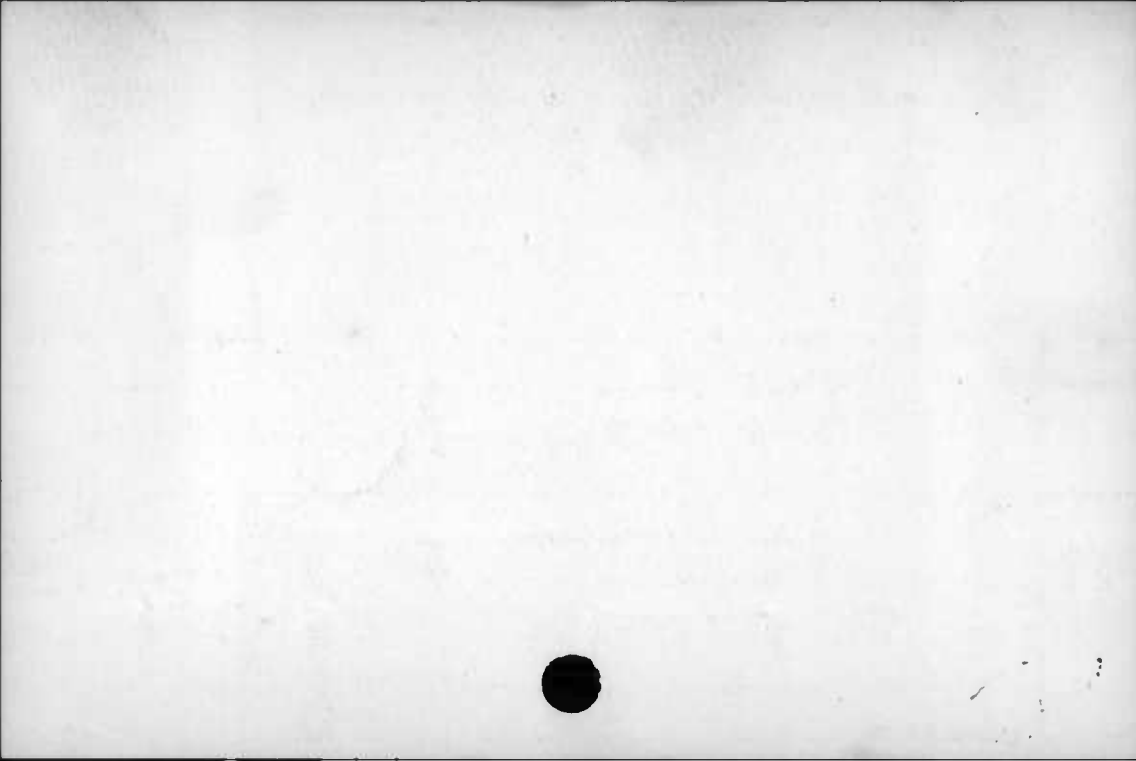
Died at <u>South Baltimore</u> ^{Town}		<u>a. e.</u> ^{County}		MARYLAND	
Date of death <u>1908</u>	<u>Jan</u> ^{Month}	<u>22</u> ^{Day}	<u>1</u> ^{Years}	<u> </u> ^{Months}	<u> </u> ^{Days}
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Balto Md</u>		
Occupation <u> </u>	Where Residing if not at place of death <u> </u>				
Married, Single or Widowed <u> </u>	Name of Wife or Husband <u> </u>				
Father's Name <u>Rudolph Jurok</u>	Father's Birthplace <u>Germany</u>				
Mother's Maiden Name <u>Mary Panek</u>	Mother's Birthplace <u>Germany</u>				
Name of person giving information <u>Mary Jurok</u>	How related to deceased <u>Mother</u>				

CAUSES OF DEATH

(95)

PHYSICIAN
OR CORONER

Primary <u>Congestion of Lungs</u>	How long <u>Saw child 6 hours before death</u>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Thos B Horton M.D.</u>
	Address <u>So Baltimore, Md</u>
Accident or Suicide <u> </u>	



Name
in
Full

Thomson Mason King

CERTIFICATE OF DEATH ²TO BE ANSWERED BY
NEAREST FRIEND

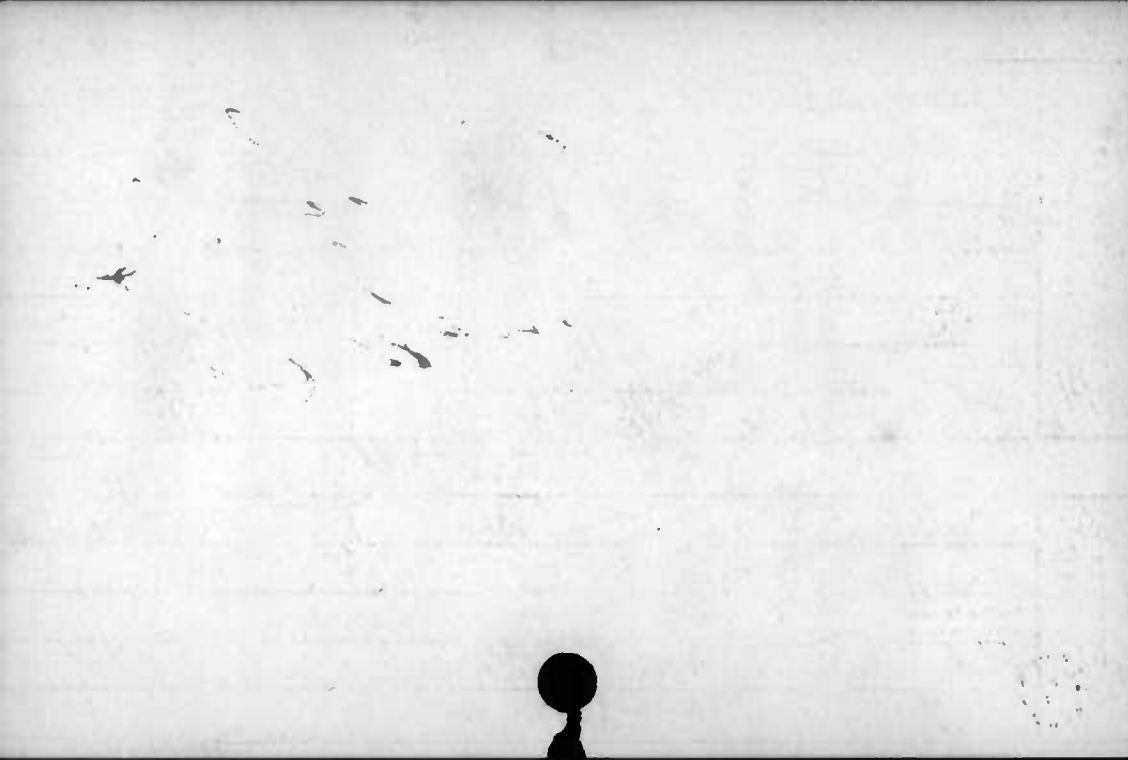
Died at <u>Annapolis</u> ^{Town}		<u>Ann Arundel</u> ^{County}		MARYLAND	
Date of death	<u>1908</u> ^{Month}	<u>January</u> ^{Day}	<u>13</u> ^{Years}	Age <u>68</u>	Months <u>5</u> Days
Sex	<u>Male</u>		Color or Race	<u>White.</u>	
Occupation			Birth-place <u>Alexandria Va.</u>		
Where Residing if not at place of death					
Married, Single or Widowed	<u>Married</u>		Name of Wife or Husband	<u>Mary E. King.</u>	
Father's Name	<u>Dr Benjamin King.</u>		Father's Birthplace	<u>Calvert Co. Md</u>	
Mother's Maiden Name	<u>Virginia Price.</u>		Mother's Birthplace	<u>Virginia</u>	
Name of person giving information	<u>Clapham P. King</u>		How related to deceased	<u>Son.</u>	

CAUSES OF DEATH

64

PHYSICIAN
OR
CORONER

Primary	<u>Apoplexy & Paralysis</u>	How long	<u>1 1/2 years</u>
Immediate	<u>Second Stroke</u>	How long	<u>2 days.</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>S. S. H. [Signature]</u>
		Address	<u>Annapolis</u> <u>Md.</u>
Accident or Suicide?			



Name
in
Full

Olaf Klakring

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

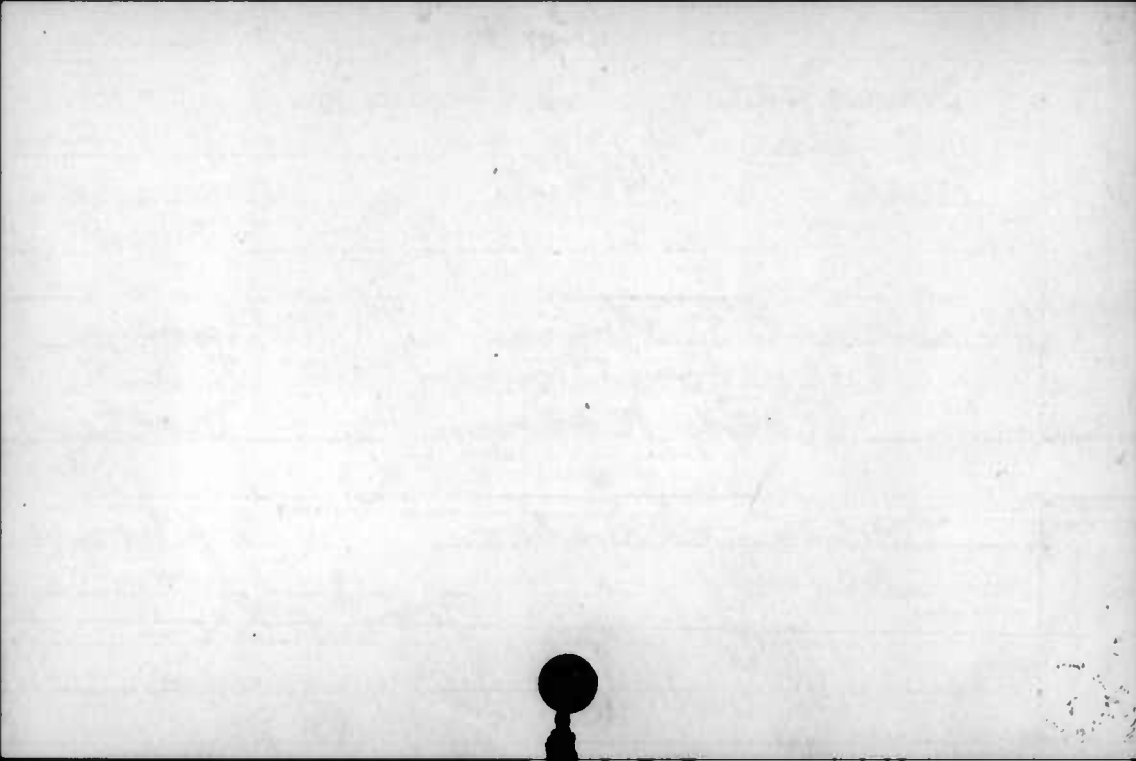
Died at <i>Annapolis</i> ^{Town}		<i>Anne Arundel</i> ^{County}		MARYLAND	
Date of death	<i>1908</i> ^{Month} <i>July</i> ^{Day} <i>13</i>	Age	<i>58</i> ^{Years}	<i>4</i> ^{Months}	<i>19</i> ^{Days}
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Scunmark.</i>
Occupation	<i>Barber</i>		Where Residing if not at place of death <i>at place of death.</i>		
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband	<i>Louise Klakring</i>		
Father's Name	<i>Charles T. Klakring</i>		Father's Birthplace	<i>Scunmark.</i>	
Mother's Maiden Name	<i>Not known</i>		Mother's Birthplace	<i>Not known</i>	
Name of person giving information	<i>Louise Klakring</i>		How related to deceased	<i>Wife.</i>	

CAUSES OF DEATH

112

PHYSICIAN
OR CORONER

Primary	<i>Cirrhosis of the Liver</i>	How long	<i>5 months</i>
Immediate	<i>Ascites & Exhaustion</i>	How long	<i>1 month</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>Wm S Welch</i>
<i>yes</i>		Address	<i>Annapolis Md</i>
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Annapolis ^{Town} St. Anne's ^{County}

Date of death 1908 ^{Month} Jan ^{Day} 4 ^{Years} — ^{Months} — ^{Days} 1 ^{Hours} —

Sex Male Color or Race White Birth-place Annapolis

Occupation — Where Residing if not at place of death —

Married, Single or Widowed —Name of Wife or Husband —

Father's Name

Israel Kotzin

Father's Birthplace

Russia

Mother's Maiden Name

Rosa Breitzman

Mother's Birthplace

Russia

Name of person giving information

Rosa Kotzin

How related to deceased

Mother

CAUSES OF DEATH

151PHYSICIAN
OR CORONER

Primary

Prolonged Labor

How long

24 hours

Immediate

Asthma

How long

1 hour

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

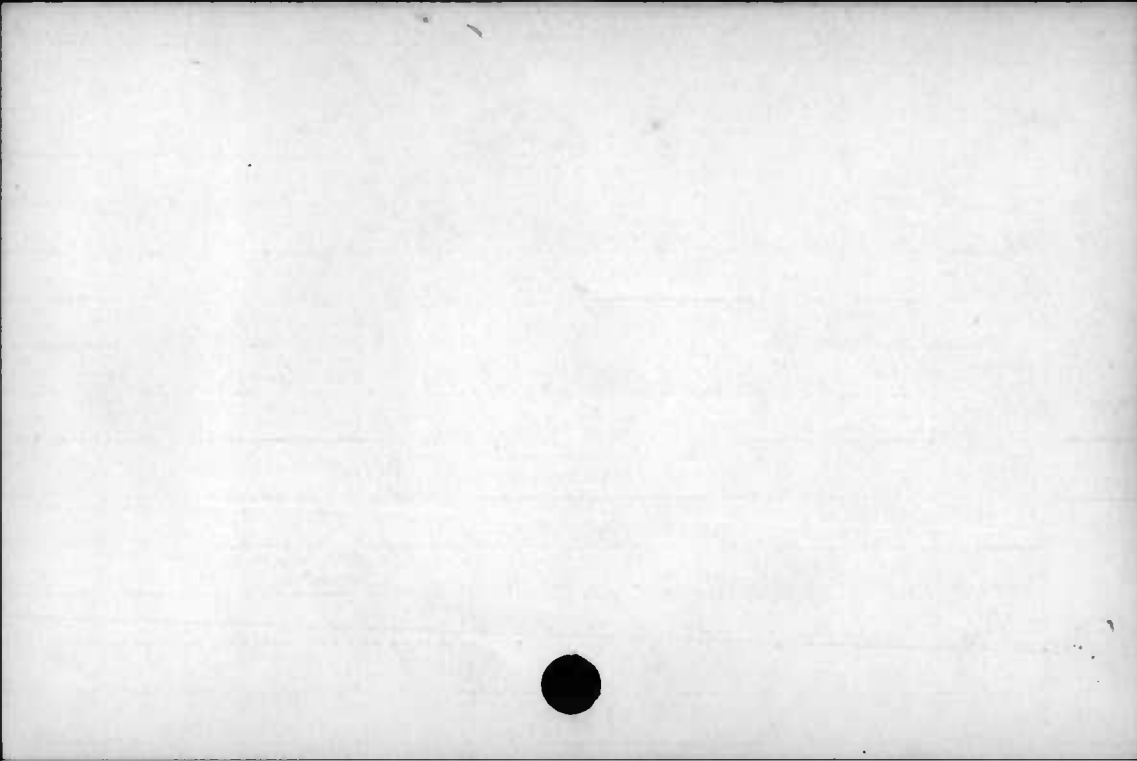
Jms Welch

Address

Annapolis

Accident or Suicide?

No



Name
in
Full

Herman C. Lang.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

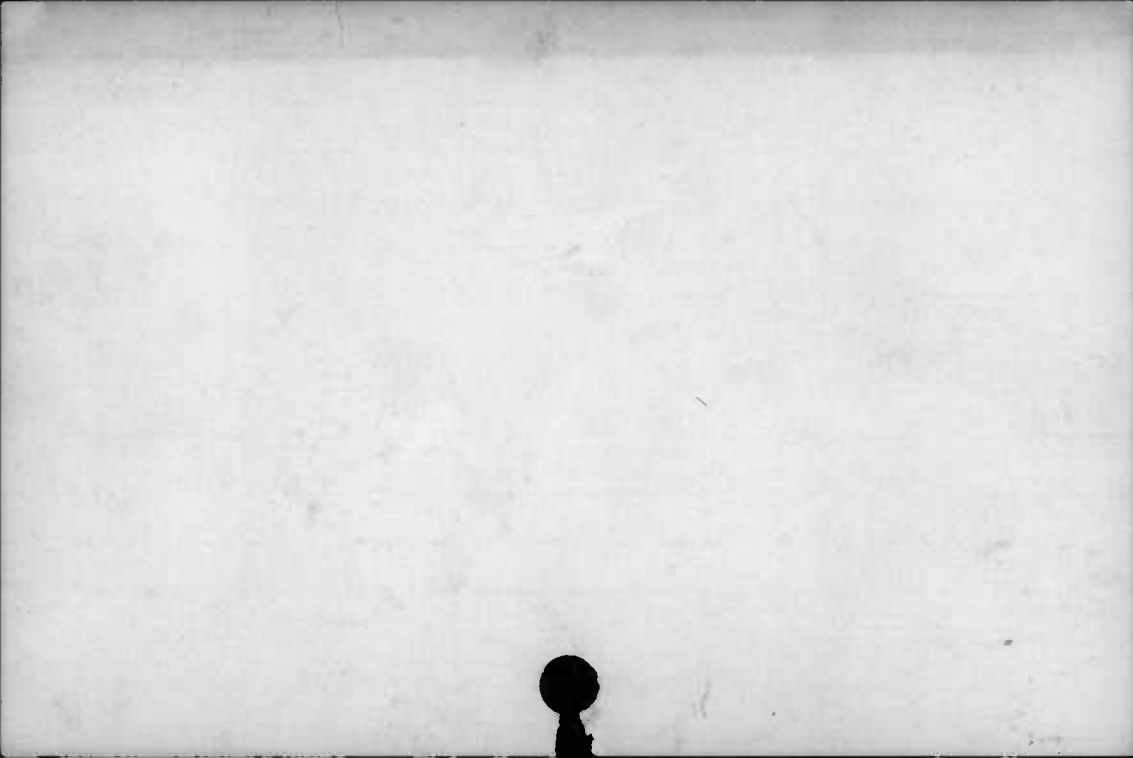
Died at <i>Annapolis</i>		Town		County <i>Anne Arundel</i>		MARYLAND	
Date of death	1908	Month	January	Day	11	Age	28
Sex <i>male</i>		Color or Race <i>White</i>		Birth-place <i>Germany</i>		Months	Days
Occupation <i>Carpenter</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Mary Nason</i>					
Father's Name <i>Earnest Lang</i>		Father's Birthplace <i>Germany</i>		Mother's Name <i>Wilhelmina Beshorner</i>		Mother's Birthplace <i>Germany</i>	
Name of person giving information <i>Mary Lang</i>		How related to deceased <i>Wife</i>					

CAUSES OF DEATH

27

PHYSICIAN
CORONER

Primary	<i>Pulmonary Tuberculosis</i>	How long	<i>3 months</i>
Immediate	<i>Respiratory & Cardiac Asthenia</i>	How long	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Walton H Hopkins M.D.</i>	
		Address <i>Annapolis Md.</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

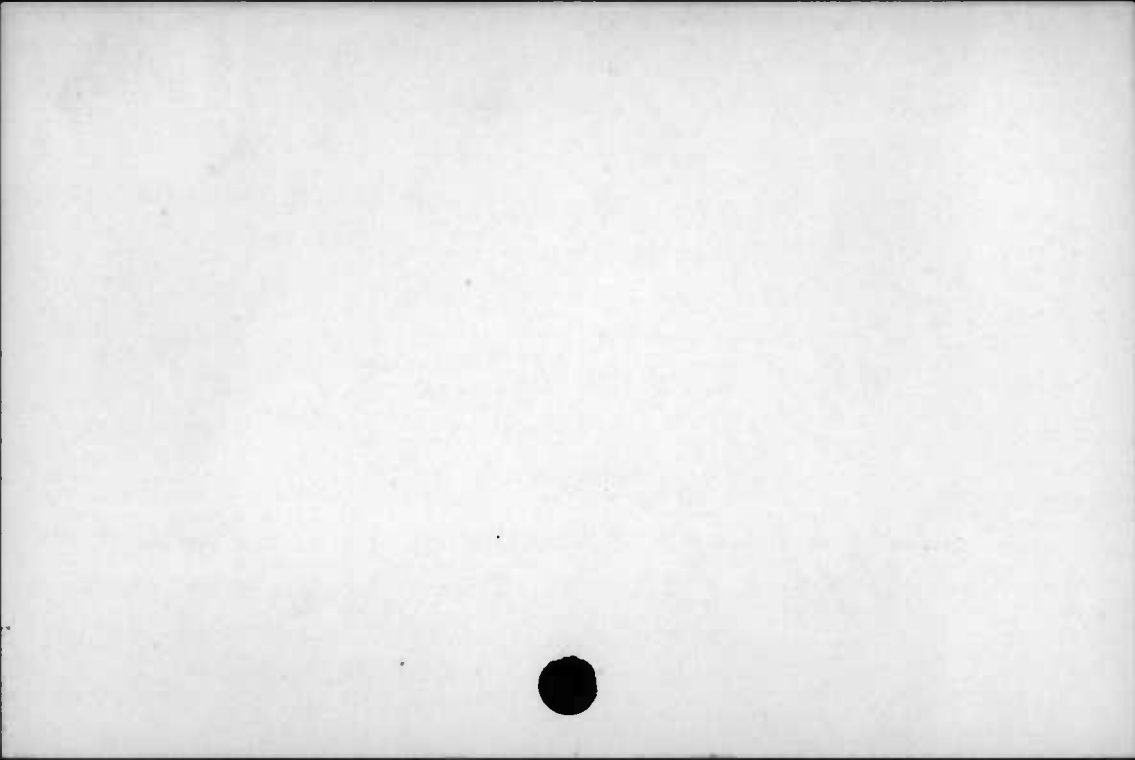
Died at <i>Stevensville</i> ^{Town}		<i>Pa.</i> ^{County}		MARYLAND	
Date of death <i>1908</i>	Month <i>Jan</i>	Day <i>6</i>	Age <i>27</i> Years	Months <i>6</i>	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Kent Isd</i>		
Occupation <i>Farmer</i>	Where Residing if not at place of death <i>Kent Isd</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>Edward M. Legg</i>	Father's Birthplace <i>Kent Isd</i>				
Mother's Maiden Name <i>Sallie R. Goodhand</i>	Mother's Birthplace <i>Kent Isd</i>				
Name of person giving information <i>E. M. Legg</i>	How related to deceased <i>Father</i>				

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long? <i>10 months</i>
Immediate <i>Exhaustion</i>	How long?
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>C. Percy Kemp</i>
	Address <i>Stevensville, Md.</i>
Accident or Suicide?	



Name
in
Full

Mattie Lowman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

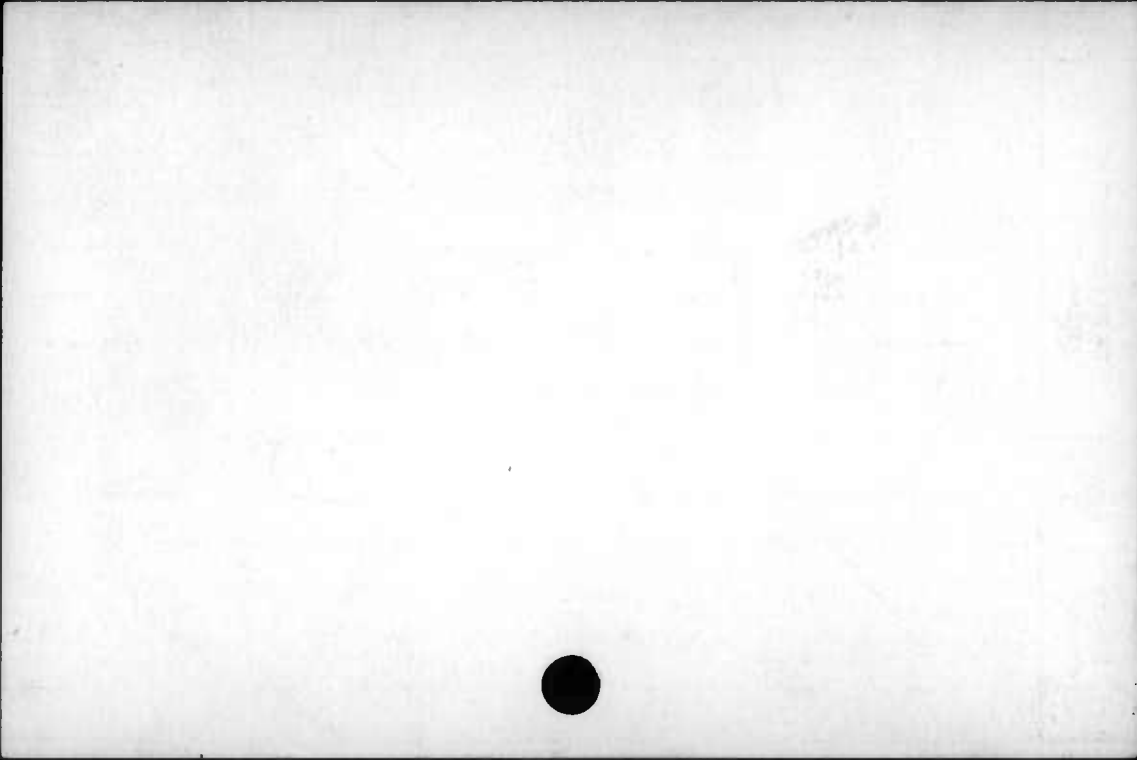
Died at <i>Burkeville</i>		Town <i>a.a.</i>		County		MARYLAND	
Date of death <i>1908</i>	Month <i>Jan</i>	Day <i>7</i>	Age <i>2</i>	Years	Months <i>0</i>	Days	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>				
Occupation <i>None</i>			Where Residing if not at place of death <i>At home</i>				
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>None</i>					
Father's Name <i>Jay Lowman</i>				Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Rodella Newton</i>				Mother's Birthplace <i>Maryland</i>			
Name of person giving information <i>Jay Lowman</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

167

PHYSICIAN
OR CORONER

Primary <i>Burns of Arm (Heat)</i>	How long <i>Two weeks</i>
Immediate <i>Septicemia</i>	How long <i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>William D. Scott</i>
	Address <i>Curtis Guy & Co Md.</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

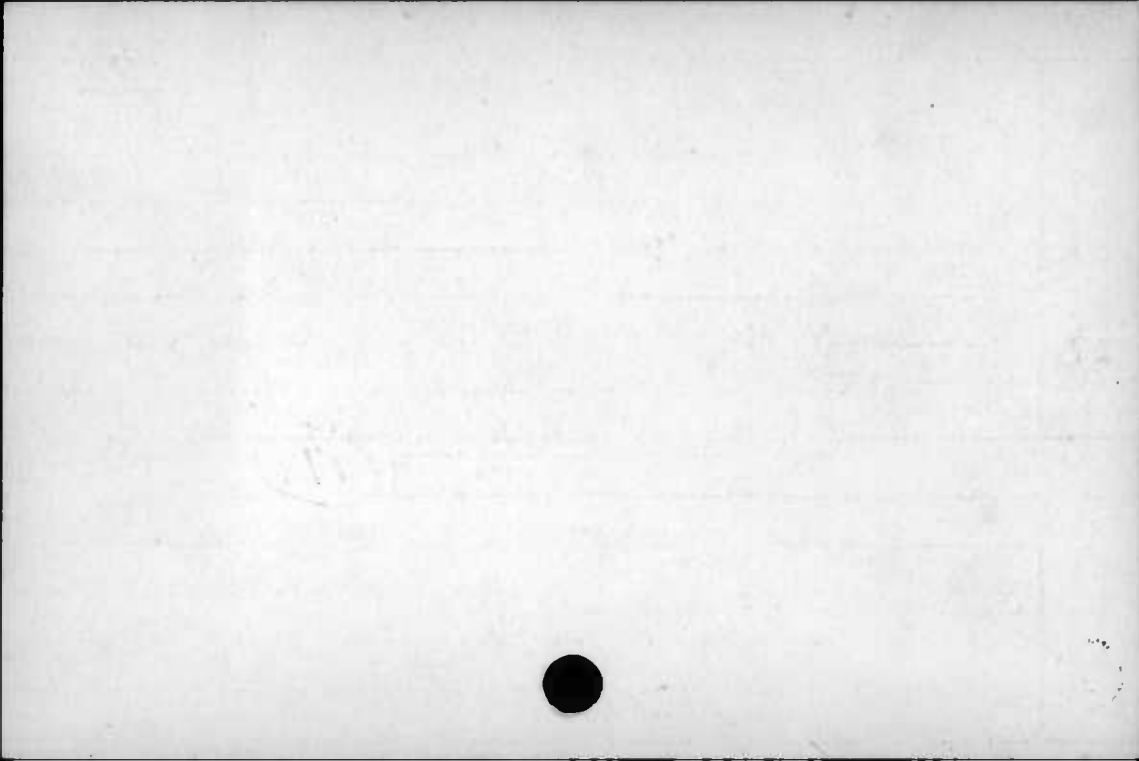
Died at <i>3rd St</i>		Town <i>Dest</i>		County <i>aa</i>		MARYLAND	
Date of death	<i>1908</i>	Month	<i>1</i>	Day	<i>20</i>	Age	<i>—</i>
Sex <i>Male</i>		Color or Race <i>white</i>		Birthplace <i>mo</i>		Months	<i>4</i>
Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Roman Mathie</i>		Father's Birthplace <i>ger</i>		Mother's Name <i>Mary Mathie</i>		Mother's Birthplace <i>ger</i>	
Name of person giving information <i>Roman Mathie</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary	<i>Marasmus</i>	How long	<i>3 weeks</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address <i>Chas W Brooks</i>	
Accident or Suicide?			



Name
in
Full

Charles W. Martin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

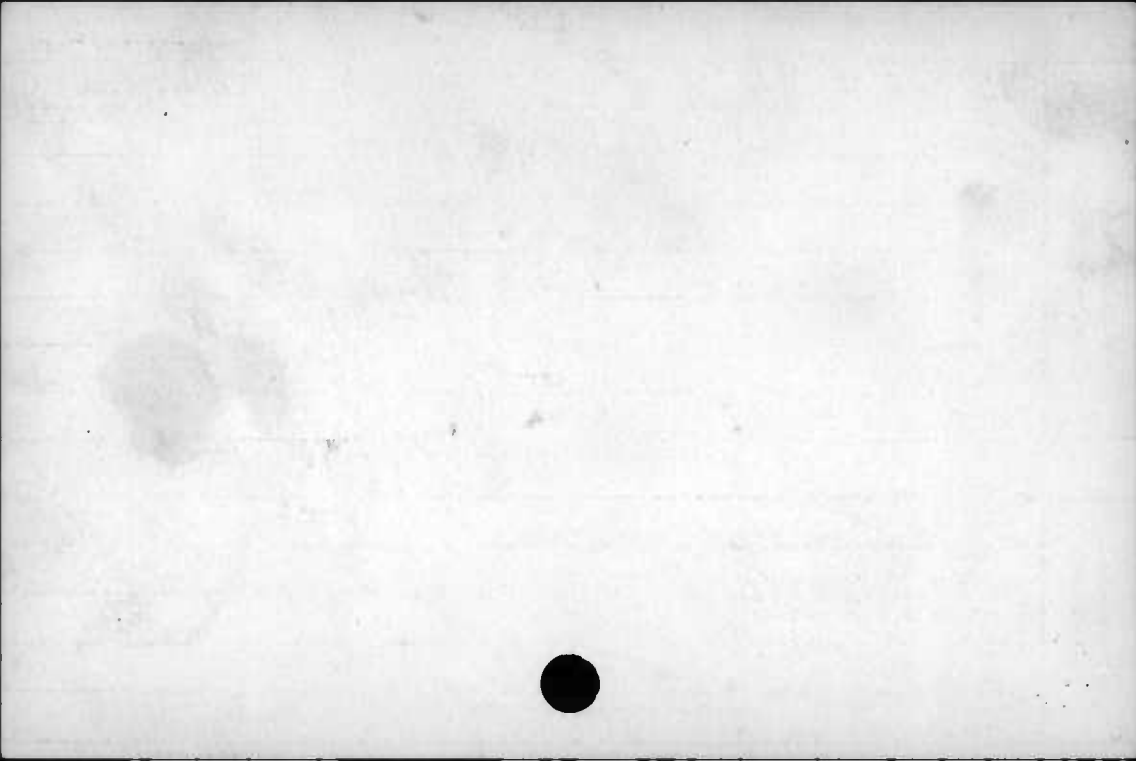
Died at <u>Annapolis</u> ^{Town}		<u>Anne Arundel</u> ^{County}		MARYLAND	
Date of death	1908	Month	Jan	Day	21
Age	67	Years		Months	
Sex	Male	Color or Race	White	Birth-place	Baltimore Md
Occupation	Capt. Packard & Merchant		Where Residing if not at place of death <u>Annapolis Md</u>		
Married, Single or Widowed	Married	Name of Wife or Husband	Ann. P. Martin		
Father's Name	Don't know			Father's Birthplace	Germany
Mother's Maiden Name	Don't know			Mother's Birthplace	"
Name of person giving information	Jno. W. Martin			How related to deceased	Son

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	Throat Heart Trouble & Bright's Disease Over a year	
Immediate	Heart Failure & Asthenia Sudden	
Are the name, age, sex, color, date and place correctly given above?	Yes (except signature of physician)	
Signature of physician	Chas. D. General	
Address	Annapolis, Maryland	
Accident or Suicide?		



Name
in
Full

Stephen Matneowski,
Town East Brooklyn A A County

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Date of death 1908 Jan 2 Age 20
Sex Male Color or Race white Birth-place Maryland
Occupation Where Residing if not at place of death

Married, Single or Widowed Name of Wife or Husband
Father's Name Walter Matneowski Father's Birthplace Poland
Mother's Maiden Name Francis Jacobowski Mother's Birthplace "
Name of person giving information Walter Malenowski How related to deceased Father

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary Pneumonia How long one week

Immediate
Are the name, age, sex, color, date and place correctly given above? yes
Signature of Physician Tho. B. Fortou Jr.
Address Curtis Bay, Md.
Dr. Balto



Name
in
Full

Wm S. Murray

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

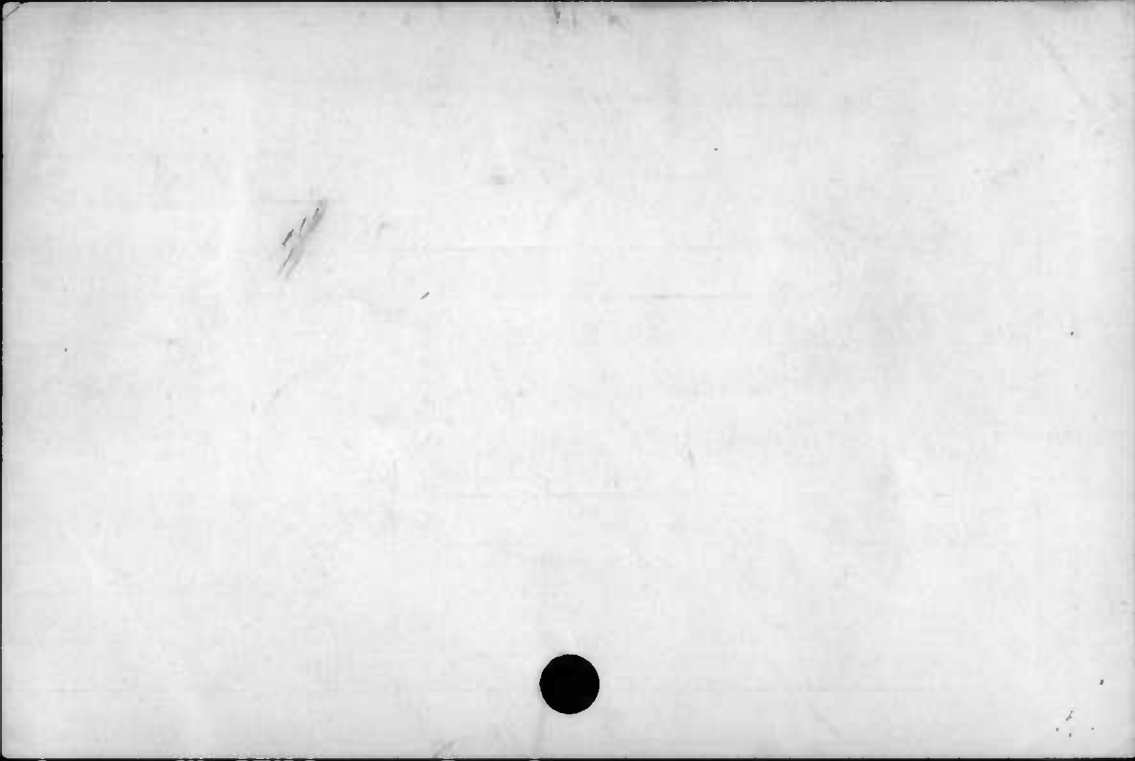
Died at <i>Annapolis</i>		County <i>AA</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>Jan</i>	Day <i>28th</i>	Age	Years	Months <i>8</i>
Sex <i>Male</i>	Color or Race <i>col.</i>		Birth-place <i>AA. Co Md</i>		
Occupation <i>child.</i>			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>George Murray</i>		Father's Birthplace <i>AA Co Md</i>			
Mother's Maiden Name <i>Daisy Skunt</i>		Mother's Birthplace <i>AA Co Md</i>			
Name of person giving information <i>Mother Daisy Murray</i>		How related to deceased <i>Mother</i>			

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary <i>Marasmus</i>	How long <i>Two Months</i>
Immediate <i>Exhaustion</i>	How long <i>Gradual</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>John Ridout MD</i>
<i>yes</i>	Address <i>Annapolis Md</i>
Accident or Suicide?	



Name
in
Full

Moses Peal

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>South River</i> Town		<i>Anne Arundel</i> County		MARYLAND	
Date of death	1908	Month	Jan.	Day	8
Age		70		Years	
Sex	Male		Color or Race	Colored	
Birth-place	Maryland				
Occupation	Laborer		Where Residing if not at place of death <i>Ann</i>		
Married, Single or Widowed	Married		Name of Wife or Husband <i>Amelici Smith</i>		
Father's Name	<i>Joseph Peal</i>		Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name	<i>Cary Johnson</i>		Mother's Birthplace <i>Maryland</i>		
Name of person giving information	<i>Wesley Peal</i>		How related to deceased <i>Grand son</i>		

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	<i>Heart trouble</i>	How long	<i>4 years</i>
Immediate	<i>Dropsy</i>	How long	<i>6 months</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>John Callison</i>	
		Address <i>South River</i>	
Accident or Suicide?		<i>Med.</i>	



Name
in
Full

William E. Perry

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Naturece</i> <small>Town</small>		<i>Anne Arundel</i> <small>County</small>		MARYLAND	
Date of death	<i>1908</i>	Month	<i>Jan</i>	Day	<i>19</i>
Age		Years	<i>61</i>	Months	<i>10</i>
Sex	<i>Male</i>	Color or Race	<i>White</i>	Birth-place	<i>Md.</i>
Occupation			<i>Farmer</i>		
Where Residing if not at place of death					
Married, Single or Widowed	<i>Married</i>	Name of Wife or Husband <i>Sarah Perry</i>			
Father's Name	<i>Robt. Perry</i>			Father's Birthplace	<i>Md.</i>
Mother's Maiden Name	<i>Rachael Shwice</i>			Mother's Birthplace	<i>Md.</i>
Name of person giving Information	<i>John Perry</i>			How related to deceased	<i>Son</i>

CAUSES OF DEATH

93

PHYSICIAN
PRONOUNER

Primary	<i>Pneumonia</i>	How long	<i>10 days.</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	
Signature of Physician		<i>H.A. Perrie</i>	
Address		<i>McKendree, Md.</i>	
Accident or Suicide?			



Name
in
Full

Stillborn

Polanski

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *E Brooklyn* Town*A. A.* County

MARYLAND

Date of death *1908 Jan* MonthDay *28*Age *-* YearsMonths *-*Days *-*Sex *-*Color or Race *-*Birthplace *-*Occupation *-*Where Residing if not at place of death *-*Married, Single or Widowed *-*

Name of Wife or Husband

Father's Name *Hipostat Polonski*Father's Birthplace *Poland*Mother's Maiden Name *in Kowen*Mother's Birthplace *..*Name of person giving information *Hapolat Polonski*How related to deceased *Father*

CAUSES OF DEATH

Primary

*Still born*How long *(S)*

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

*Thos. B. Horton Jr.
So. Batty. Md.*Accident or Suicide? *-*PHYSICIAN
OR CORONER

10.11.11



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

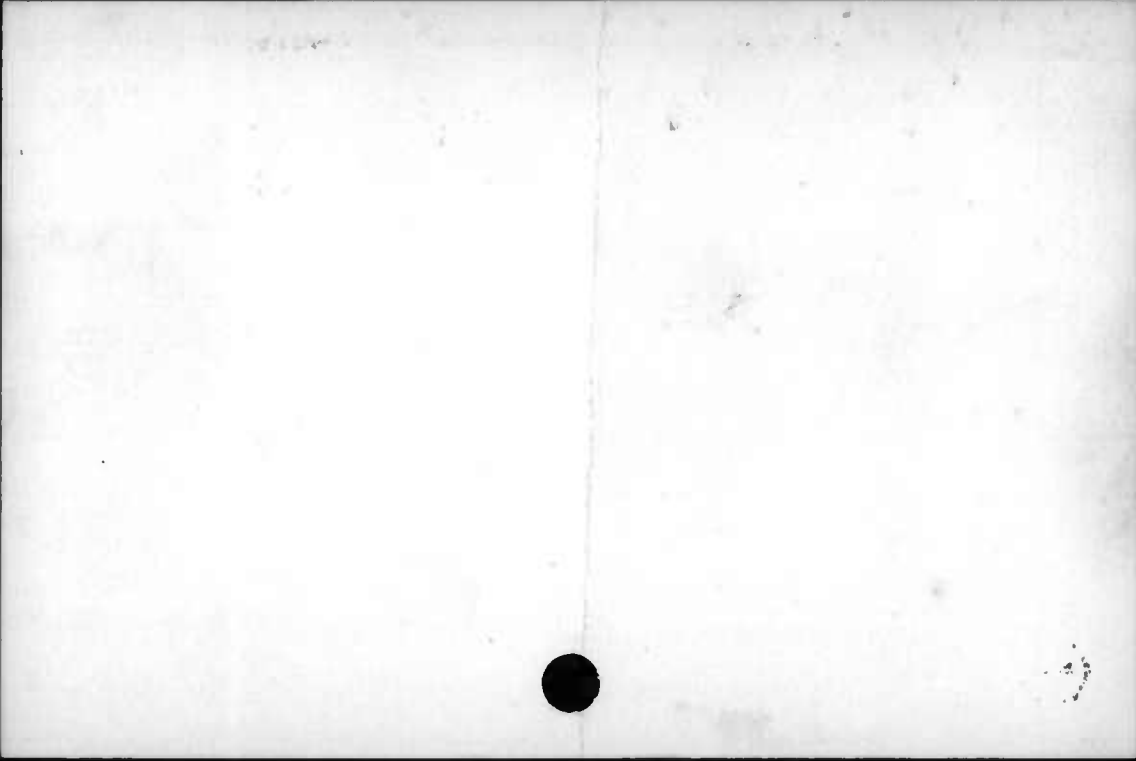
Died at <i>Friendship</i> Town		<i>a</i> County		MARYLAND	
Date of death <i>1908</i>	Month <i>1</i>	Day <i>25</i>	Age <i>28</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Cherryville</i>		
Occupation <i>Farmer</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Eva D. Proutt</i>				
Father's Name <i>J. Edmond Proutt</i>	Father's Birthplace <i>Friendship</i>		Mother's Birthplace <i>Kent Island</i>		
Mother's Maiden Name <i>Louie Ringold</i>	How related to deceased <i>Father-in-law</i>				
Name of person giving information <i>H. D. Plowings</i>					

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary <i>Albuminuria</i>	How long <i>Several months</i>
Immediate <i>Coma</i>	How long <i>2 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. L. Brayshaw</i>
	Address <i>Friendship Md</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

Name *Mary Margaret Myers Pumpfery*

Town

County

Died at *New Gen Burnie**A A*

MARYLAND

Date

Month

Day

Years

Months

Days

of death *1908 Jan**22*

Age

*52**9*

Sex

*Female*Color or
Race*white*Birth-
place*A A Co*

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed*divorced*Name of Wife or
HusbandFather's
Name*Harry B Myers*Father's
Birthplace*Germany*Mother's
Maiden Name*Mary Ann Myers*Mother's
Birthplace*Germany*Name of person giving
information*James Myers Pumpfery*How related
to deceased*son*

CAUSES OF DEATH

66

Primary

General paresis

How long

Immediate

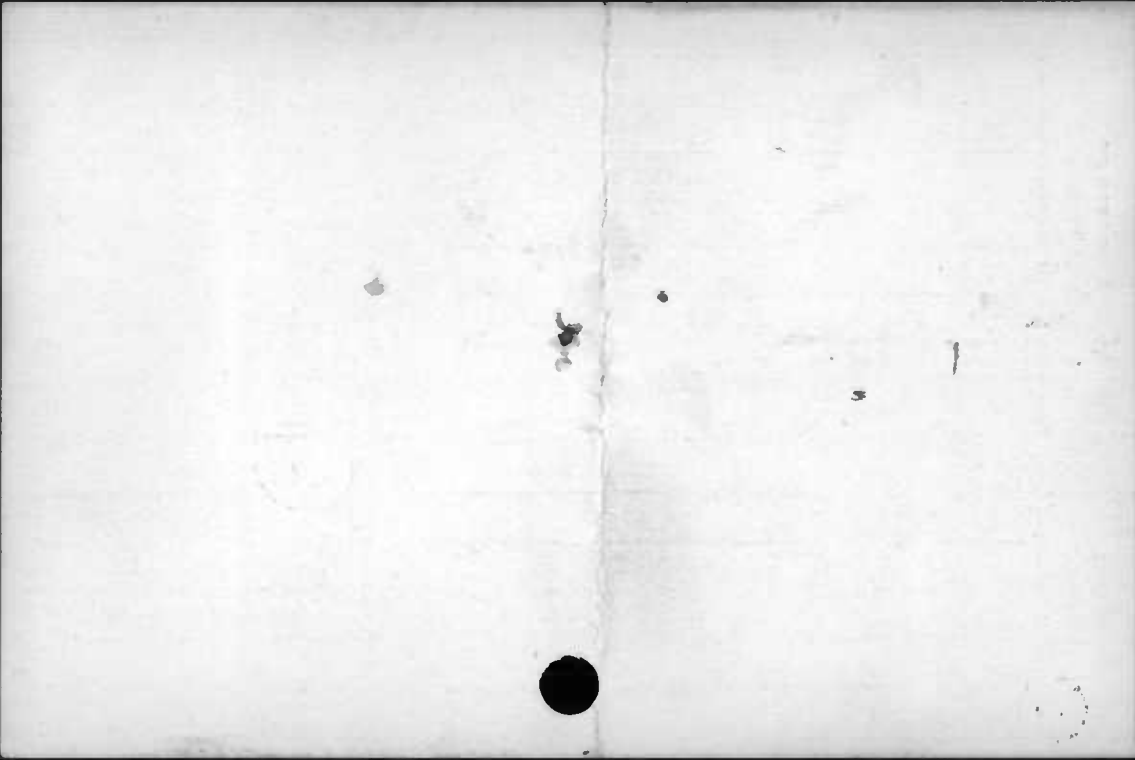
*Don't know*Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician*Thomas H. Brayshaw*

Address

Gen Burnie

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER**1**



Name
in
Full

William Luren. (Queen)

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

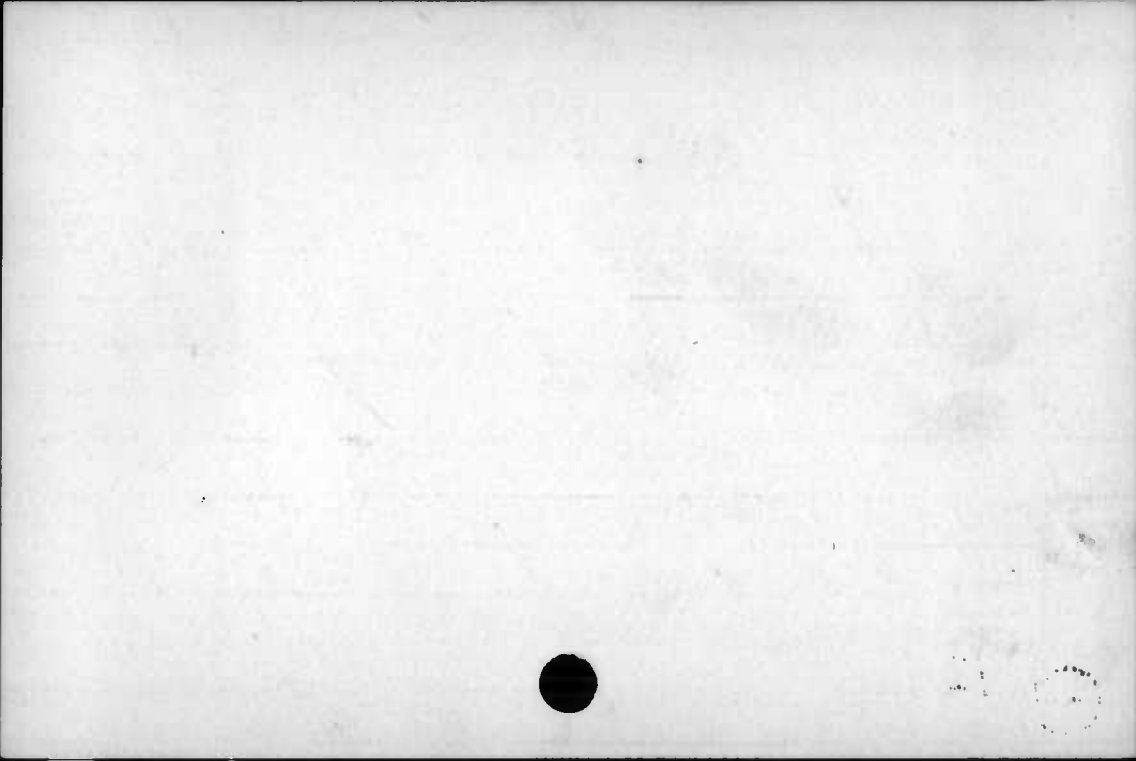
Died at		Annapolis		A - A - Co.							
Date of death		1908	Month	Jan.	Day	17.	Age	82	Years	Months	Days
Sex		Male		Color or Race		Colord		Birth-place		Md	
Occupation		Fisherman		Where Residing if not at place of death		Franklin St.					
Married, Single or Widowed		Married		Name of Wife or Husband		Maria Luren.					
Father's Name		Andrew Luren.		Father's Birthplace		Crownsville, Md.					
Mother's Maiden Name		Rachel Luren		Mother's Birthplace		Crownsville, Md.					
Name of person giving information		George Luren		How related to deceased		Son.					

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary	Senility	How long	Months
Immediate	Exhaustion	How long	Gradual
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		John Ridout, M.D.	
		Address	
		Annapolis, Md.	
Accident or Suicide?			



Name
in
Full

Mon. Sarah J. Rehn

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Annapolis</i>		County <i>a. a.</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>Jan.</i>	Day <i>22</i>	Age <i>78</i>	Months <i>11</i>	Days
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Annapolis</i>		
Occupation			Where Residing If not at place of death		
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Louis H. Rehn</i>			
Father's Name <i>John. Buttons</i>			Father's Birthplace <i>unknown</i>		
Mother's Maiden Name <i>Sallie Kelly</i>			Mother's Birthplace <i>Annapolis</i>		
Name of person giving information <i>John Buttons</i>			How related to deceased <i>Son-in-law</i>		

CAUSES OF DEATH

(64)

PHYSICIAN
OR CORONER

Primary <i>Apoplexy</i>	How long <i>3 Weeks</i>
Immediate <i>Arteries</i>	How long <i>two days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Geo. Wells</i>
<i>yes</i>	Address <i>Annapolis</i>
Accident or Suicide? <i>No</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

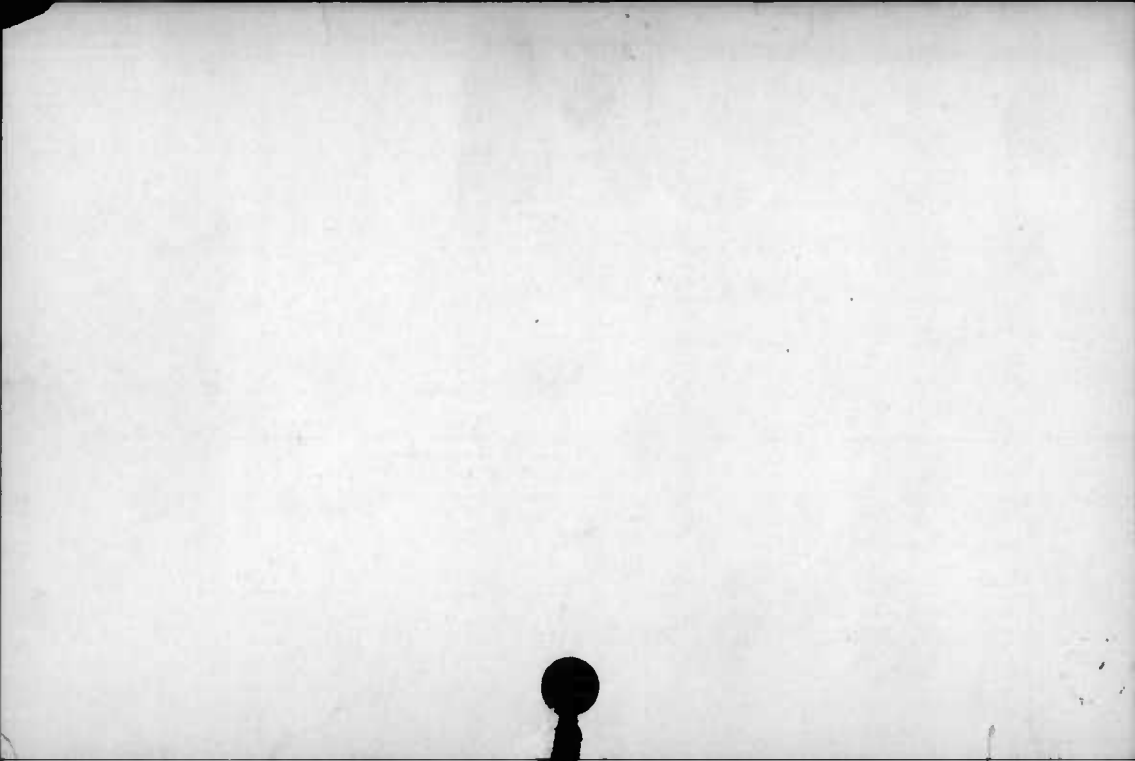
Died at <i>Montivideo</i>		Town		County		MARYLAND	
Date of death <i>1908</i>		Month <i>Jan</i>		Day <i>16</i>		Age <i>80</i>	
Sex <i>female</i>		Color or Race <i>white</i>		Birth-place <i>Ireland</i>			
Occupation <i>housewife</i>		Where Residing if not at place of death <i>Resided off Maryland</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>George W Richardson</i>					
Father's Name <i>not known</i>		Father's Birthplace <i>not known</i>					
Mother's Maiden Name <i>not known</i>		Mother's Birthplace <i>not known</i>					
Name of person giving information <i>George W Richardson</i>		How related to deceased <i>Aunt</i>					

CAUSES OF DEATH

(10)

PHYSICIAN
OR CORONER

Primary	<i>debility - from age</i>	How long	<i>several years</i>
Immediate	<i>Grippe Bronchitis</i>	How long	<i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		<i>Arthur Williams</i>	
Address		<i>Elk Ridge Ind</i>	
Accident or Suicide?		<i>no</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

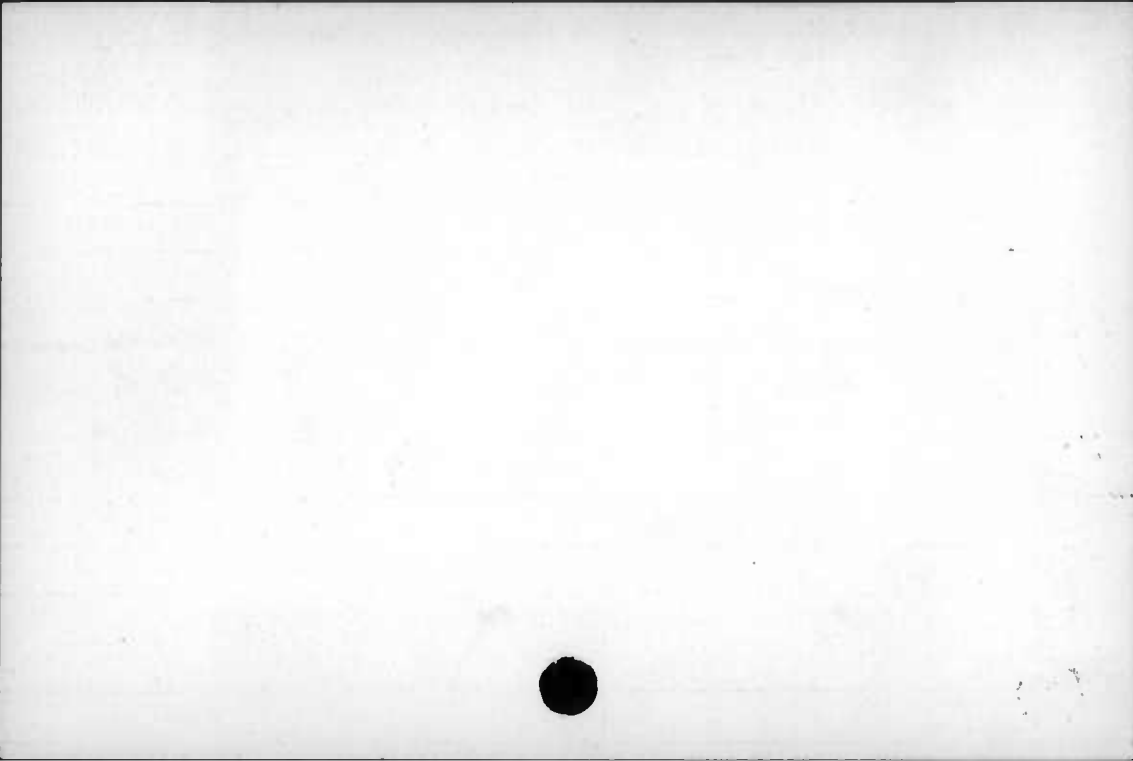
Died at <i>Shady Side</i> <small>Town</small> <i>A.A.</i> <small>County</small>		MARYLAND	
Date of death <i>1908</i> <small>Year</small> <i>Jan</i> <small>Month</small> <i>7</i> <small>Day</small> <i>—</i> <small>Age</small> <i>—</i> <small>Years</small> <i>—</i> <small>Months</small> <i>14</i> <small>Days</small>	Sex <i>Female</i>	Color or Race <i>White</i>	Birthplace <i>Ind</i>
Occupation <i>None</i>	Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>—</i>		
Father's Name <i>Tom Rogers</i>	Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Alberta Atwell</i>	Mother's Birthplace <i>Ind</i>		
Name of person giving information <i>John Atwell</i>	How related to deceased <i>Uncle</i>		

CAUSES OF DEATH

90

PHYSICIAN
OR CORONER

Primary <i>Bronchitis</i>	How long <i>4 days</i>
Immediate <i>Bronchitis</i>	How long <i>4 "</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Geo T Dent</i>
	Address <i>Chucktown</i>
Accident or Suicide?	



Name
in
Full

Morris F. Ross

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

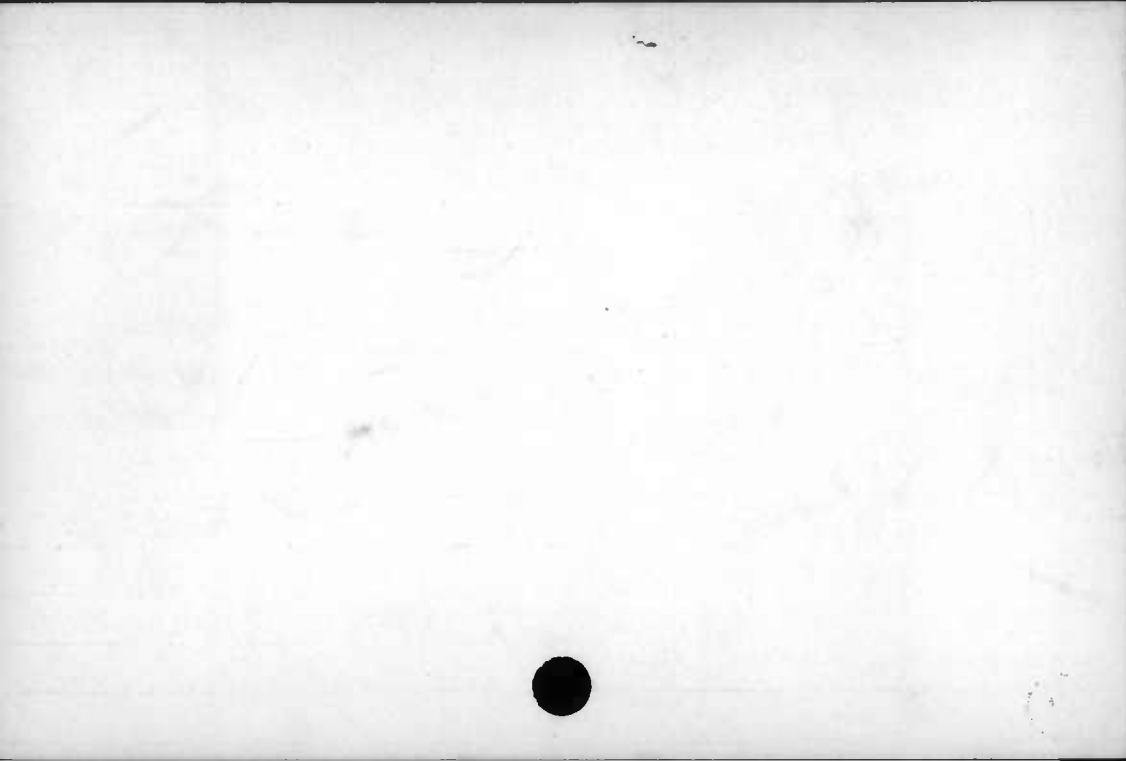
Died at <u>Eastport</u> ^{Town}		<u>Anne Arundel</u> ^{County}		MARYLAND	
Date of death	<u>1908</u> ^{Month}	<u>Jan</u> ^{Day}	<u>20</u> ^{Years}	<u>3</u> ^{Months}	<u></u> ^{Days}
Sex	<u>Male</u>		Color or Race	<u>White</u>	
Occupation	<u></u>		Birth-place	<u>East-Port</u>	
Married, Single or Widowed <u>Single</u>			Name of Wife or Husband <u></u>		
Father's Name <u>Willie Ross</u>			Father's Birthplace <u>Summerset Co. Ant.</u>		
Mother's Maiden Name <u>Nora M. E. Lemming</u>			Mother's Birthplace <u>Horeester Co. Md.</u>		
Name of person giving information <u>Willie Ross</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

92

PHYSICIAN
OR CORONER

Primary	<u>Broncho-Pneumonia</u>	How long	<u>12 days</u>
Immediate	<u>Aschemia</u>	How long	<u>1 day</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>Wm. S. Welch</u>	
		Address <u>Annapolis</u>	
Accident or Suicide? <u></u>			



Name
in
Full

Charles S. Rowlett

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Annapolis		Md		W.A. Co			
Date of death	1908	Month	Jan	Day	16	Age	4
Sex		Male		Color or Race		Colored	
Occupation				Birth-place		Annapolis Md	
				Where Residing if not at place of death		98 Washington St	
Married, Single or Widowed		Single		Name of Wife or Husband			
Father's Name		Edward Rowlett		Father's Birthplace		Virginia	
Mother's Maiden Name		Nannie Brown		Mother's Birthplace		West River Md	
Name of person giving information		Edward Rowlett		How related to deceased		Father	

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Tuberculosis	How long	Two months
Immediate	Exhaustion	How long	Gradual
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		John Ridout, M.D.	
		Address	
		Annapolis Md	
Accident or Suicide?			

for. Rudant.
for. outlet

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Malinda Seales

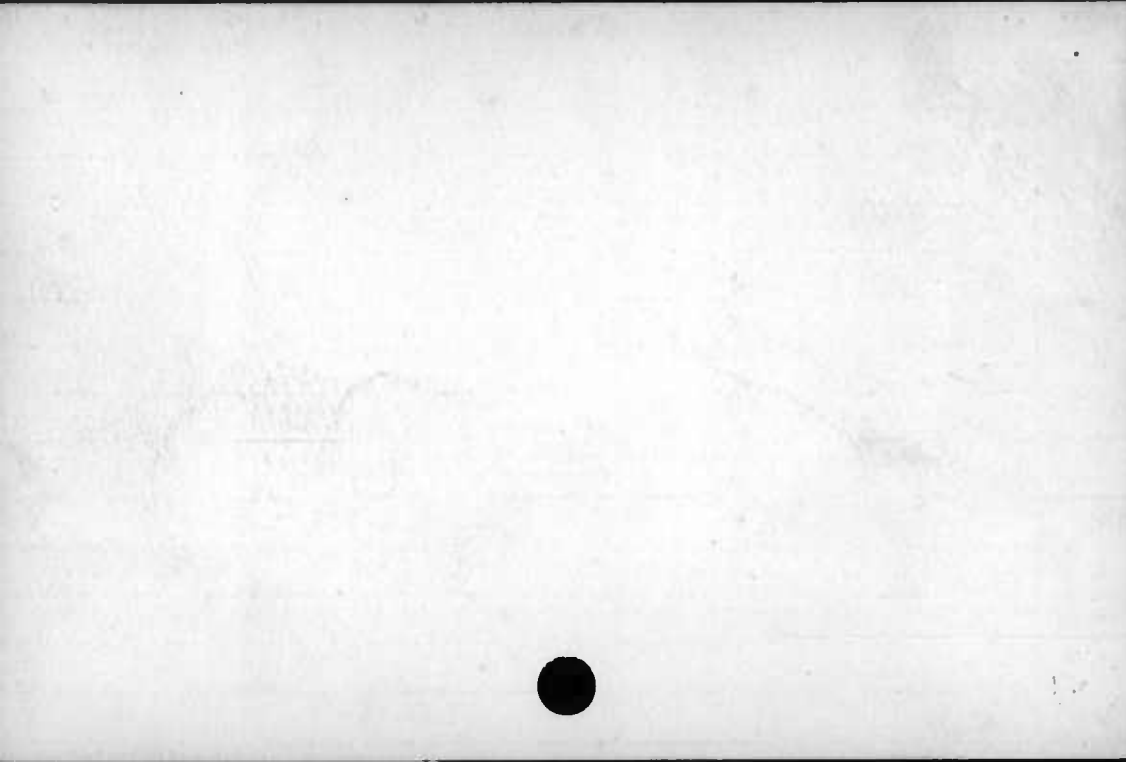
Died at		Town		County		State	
Annapolis		A.A.		Calvert		Maryland	
Date of death		Month	Day	Years	Months	Days	
1908		8	30	77	14	16	
Sex	Color or Race	Birth-place					
Female	Black	Calvert County					
Occupation	Where Residing if not at place of death						
Domestic	Calvert St						
Married, Single or Widowed	Name of Wife or Husband						
Widowed	Benjamin Seales						
Father's Name	Father's Birthplace						
Clayton Young	Calvert Co						
Mother's Maiden Name	Mother's Birthplace						
Eliza Trade	Calvert Co						
Name of person giving information	How related to deceased						
Jane Seales	Daughter						

CAUSES OF DEATH

106

PHYSICIAN
OR CORONER

Primary	Intestinal Colic	How long	6 hours
Immediate	Heart Failure	How long	One hour
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	R. P. Keenan
		Address	60 Cathedral St.
Accident or Suicide?	No		Annapolis Md



Name
in
Full

Mary Sims

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1908		Jan	2				4
Sex	Female		Color or Race	Colored		Birth-place	Brownsville Md
Occupation				Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband				
Father's Name			Hammond Saul			Father's Birthplace Md	
Mother's Maiden Name			Daisy Sims			Mother's Birthplace Md	
Name of person giving information			Roland Groshear			How related to deceased none	

CAUSES OF DEATH

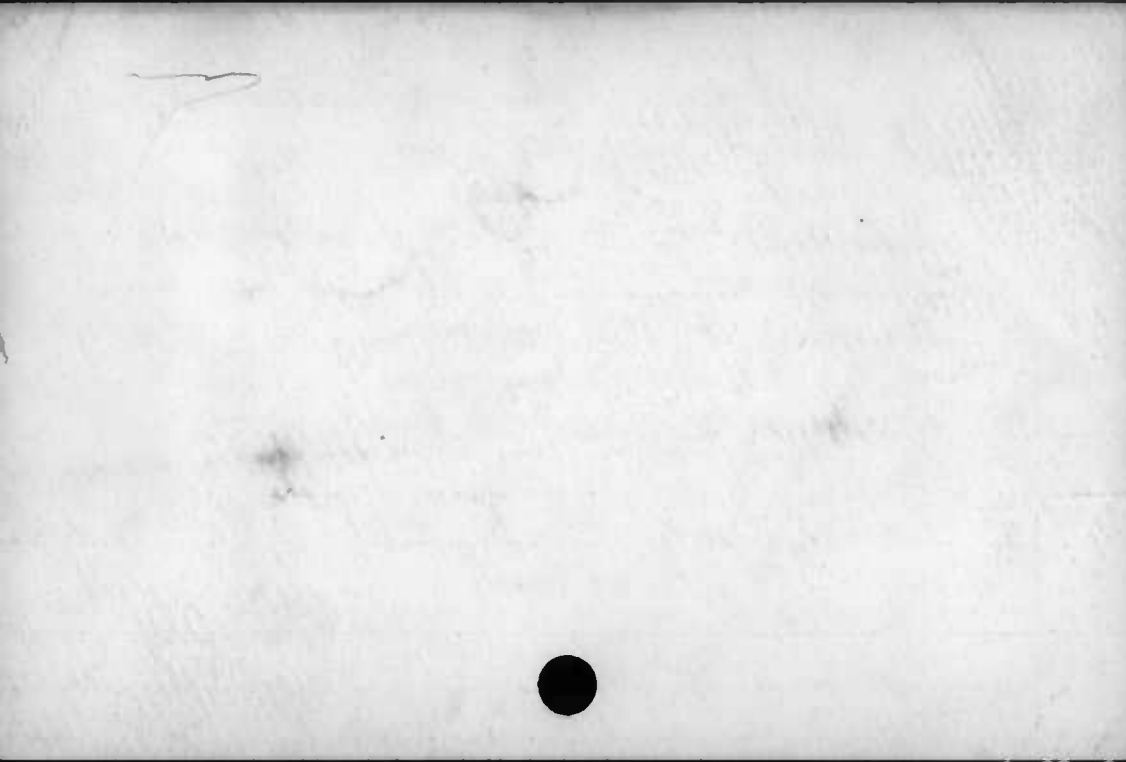
179

PHYSICIAN
OR CORONER

Primary	Natural Causes		How long
Immediate			How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	E. H. Joyce Justice of the Peace
		Address	addys Cornover Millersville Md
Accident or Suicide?			



Name in Full		CERTIFICATE OF DEATH					
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>East Port</i>		County <i>Ann Arundel</i>			
		Town <i>MARTLAND</i>					
		Date of death <i>1908</i>	Month <i>January</i>	Day <i>3</i>	Years <i>26</i>	Months	Days
		Sex <i>Female</i>	Color or Race <i>Colored</i>	Birth-place <i>Balto</i>			
		Occupation <i>Florist</i>	Where Residing if not at place of death <i>East Port</i>				
		Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Matilda Stateman</i>				
		Father's Name <i>Charles Stateman</i>	Father's Birthplace <i>Hamoxide Lun</i>				
		Mother's Maiden Name <i>Leah / Ennod</i>	Mother's Birthplace <i>Dout / Ennod</i>				
Name of person giving information <i>Matilda Stateman</i>		How related to deceased <i>Wife</i>					
CAUSES OF DEATH							
PHYSICIAN OR CORONER 1	Primary	<i>Tuberculosis</i>		How long	<i>Months</i>		
	Immediate	<i>Exhaustion</i>		How long	<i>Gradual</i>		
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>John Ridout</i>				
	<i>Yes</i>		Address <i>Annapolis Md</i>				
	Accident or Suicide?						



Name
in
Full

Ethel Stateman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

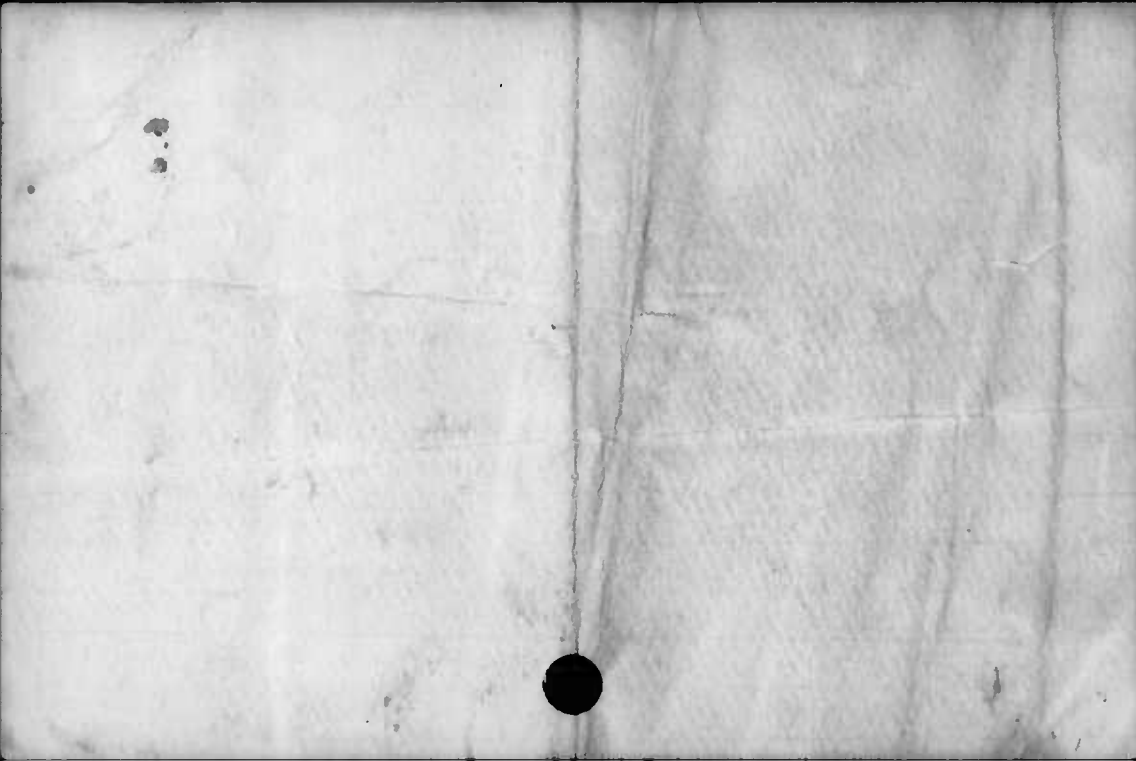
Died at <i>Annapolis</i>		County <i>Anne Arundel</i>		State <i>MARYLAND</i>	
Date of death	1908	Month	<i>June</i>	Day	<i>13</i>
Age	Years		Months		Days
Sex	<i>Female</i>		Color or Race	<i>Colored</i>	
Occupation	<i>Infant</i>		Birth-place	<i>Baltimore</i>	
Where Residing if not at place of death			<i>Eastport</i>		
Married, Single or Widowed		Name of Wife or Husband			
<i>Single</i>		<i>Infant</i>			
Father's Name	<i>Eugene Stateman</i>			Father's Birthplace	<i>Baltimore</i>
Mother's Maiden Name	<i>Mabel du Stateman</i>			Mother's Birthplace	<i>A.C.C.</i>
Name of person giving information	<i>Mabel du Stateman</i>			How related to deceased	<i>Sister</i>

CAUSES OF DEATH

90

PHYSICIAN
OR CORONER

Primary	<i>Capillary Bronchitis</i>	How long	<i>Eight days</i>
Immediate	<i>Aphroca</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>yes</i>		<i>John Ridout</i>	
		Address	
		<i>Annapolis</i>	
		<i>Chd</i>	
Accident or Suicide?			



Name
in
Full

Robert Ellis Shanger

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Annapolis* Town

County

A. A. County

MARYLAND

Date

of death *1908 Jan*

Month

Day

8

Years

Age

61

Months

10

Days

8

Sex

*Male*Color or
Race*White*Birth-
place*Charlotte N.C.*

Occupation

*Contracting Painter*Where Residing if not
at place of deathMarried, Single
or Widowed*Married*Name of Wife or
Husband*Amanda M. Shanger*Father's
Name*William French Shanger*Father's
Birthplace*Scotland*Mother's
Maiden Name*Caroline Wilson*Mother's
Birthplace*North Carolina*Name of person giving
information*James F. Shanger*How related
to deceased*Eldest Son*

CAUSES OF DEATH

120

Primary

Chronic Parenchymatous hepatitis

How long

3 or 4 yrs

Immediate

uraemia

How long

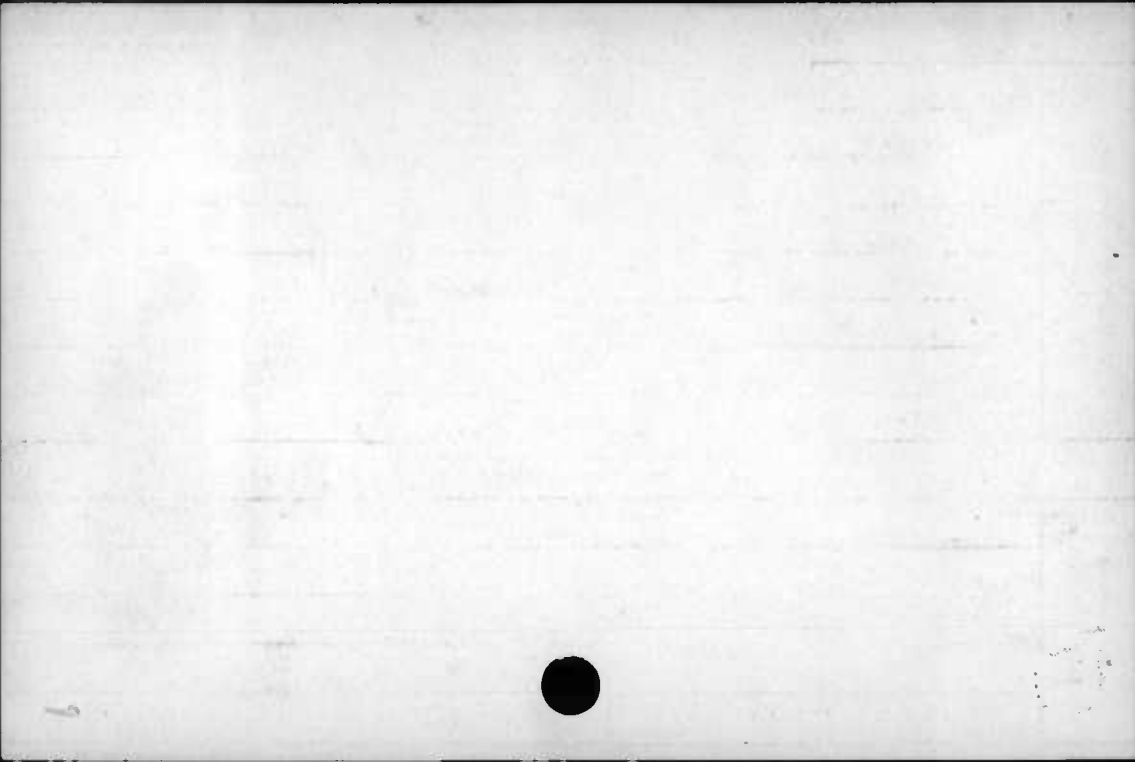
*3 or 4 days*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician

Address

*John Purvis
Annapolis Md*

Accident or Suicide?

*No*PHYSICIAN
OR CORONER**I**



Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

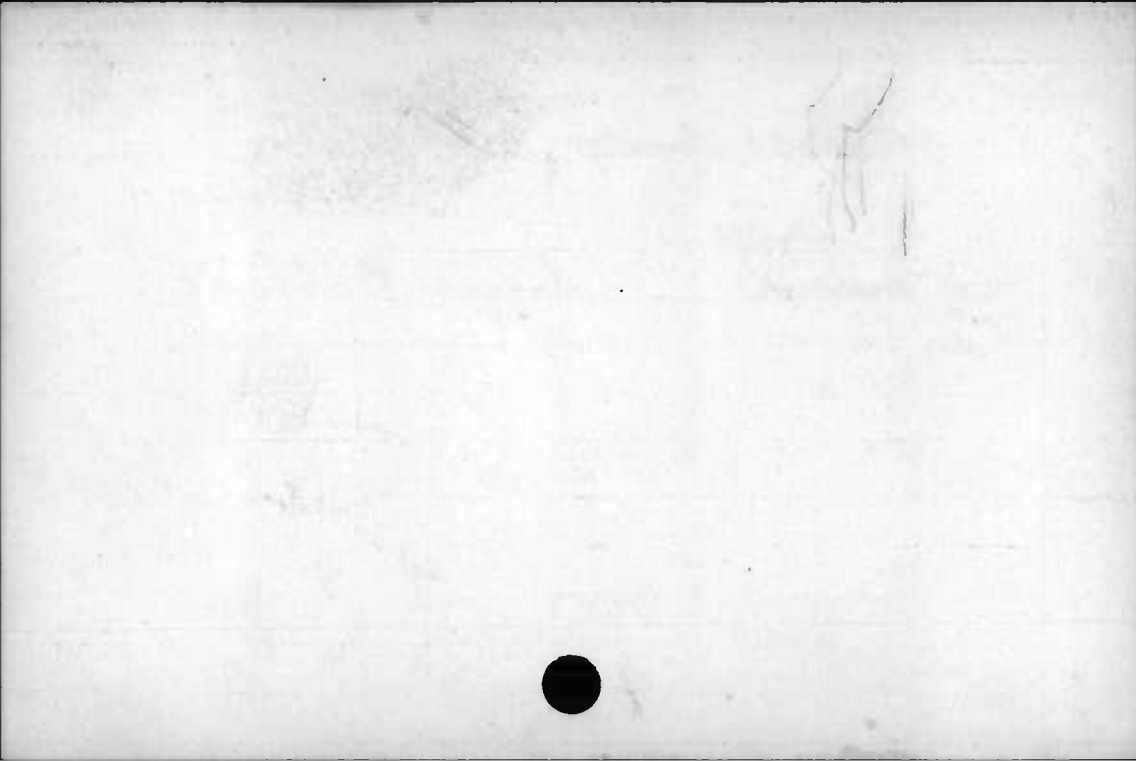
Name in Full <i>Eliza Otta Tull</i>		Town <i>Annapolis</i>		County <i>Anne Arundel</i>		MARYLAND	
Died at		Date of death <i>1908</i>		Month <i>Jan</i>		Day <i>15</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Age <i>29</i>		Years <i>29</i>	
Occupation		Birth-place <i>Annapolis Md</i>		Months		Days	
Where Residing if not at place of death							
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>James Tull</i>					
Father's Name <i>Phillip Parkinson</i>		Father's Birthplace <i>Balto Md</i>					
Mother's Maiden Name <i>Clara Popham</i>		Mother's Birthplace <i>Annapolis Md</i>					
Name of person giving information <i>James Parkinson</i>		How related to deceased <i>Brother</i>					

CAUSES OF DEATH

92

PHYSICIAN
OR
CORONER

Primary	<i>Broncho Pneumonia</i>	How long	<i>11 days</i>
Immediate	<i>Heart Failure</i>	How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Wm S Welch</i>	
		Address <i>Annapolis Md</i>	
Accident or Suicide? <i>—</i>			



Name
in
Full

George Wallace

CERTIFICATE OF DEATH

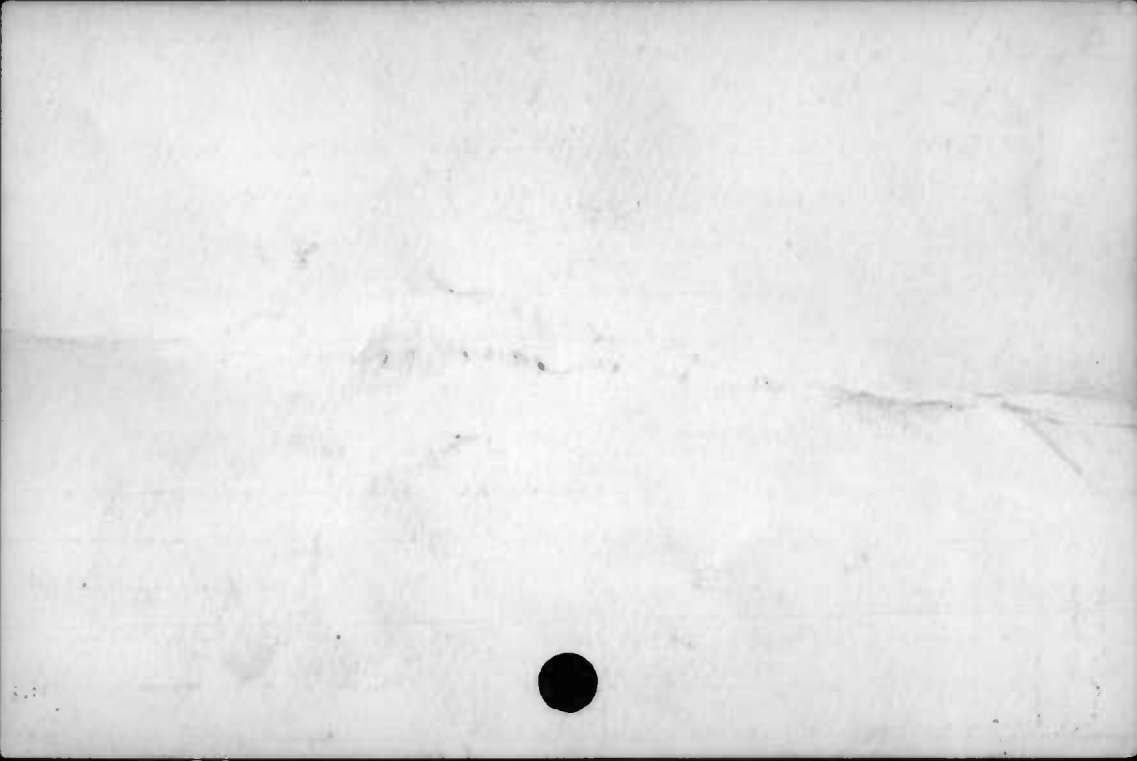
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>M. Burtol</i> ^{Town}		<i>Anna Arundelle</i> ^{County}		MARYLAND	
Date of death	1908	Month	Jan	Day	23
Age		82		Months	
Sex	Male	Color or Race	Colord	Birth-place	Anna Arundelle
Occupation	Farmer		Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Lizzie Wallace		
Father's Name	Unknown		Father's Birthplace	Unknown	
Mother's Maiden Name	Unknown		Mother's Birthplace	Unknown	
Name of person giving information			How related to deceased	79	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cardiac insufficiency	How long	2 yrs
Immediate	Cerebral Anemia	How long	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Reverdy J. Sasser</i>		
	Address <i>W. P. Moulton</i>		
	<i>1214</i>		
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Edgar T. Welsh.

Died at *East-Port* ^{Town}County *a a*

MARYLAND

Date of death *1908 Jan.* ^{Month}Day *12*

Age

Years

Months *3*

Days

Sex *Male*

Color or Race

White

Birth-place

East-Port Md

Occupation

Where Residing if not at place of death

Married, Single or Widowed

Single

Name of Wife or Husband

Father's Name

Edgar H. Welsh.

Father's Birthplace

Prince George's Co. Md

Mother's Maiden Name

Ruth Heanrozi

Mother's Birthplace

Seattle Wash.

Name of person giving information

Edgar. Welsh.

How related to deceased

Brother

CAUSES OF DEATH

151

Primary

Marasmus

How long

2 weeks

Immediate

How long

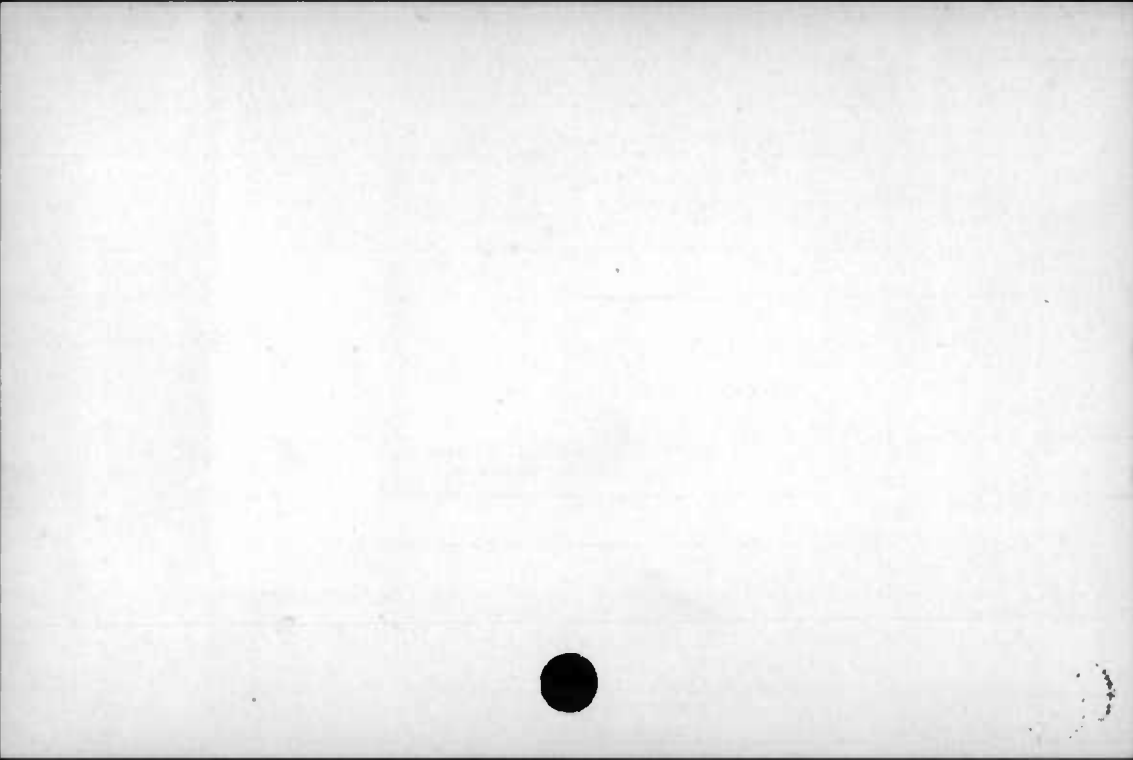
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

*J. J. Murphy
Baltimore Md*

Accident or Suicide?



Name
in
Full

Willis Weneey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *St. Baltimore* *St. Baltimore* *St. Baltimore*Date of death *1908 Jan* *3* *3* *3*Sex *Male* Color or Race *white* Birth-place *St. Baltimore*Occupation *-* Where Residing if not at place of death *-*Married, Single or Widowed *-* Name of Wife or Husband *-*Father's Name *Antone Weneey* Father's Birthplace *Russia*Mother's Maiden Name *Katie Luntz* Mother's Birthplace *-*Name of person giving information *Antone Weneey* How related to deceased *Father*

CAUSES OF DEATH

93

Primary *Pneumonia* How long *3 days*

Immediate

Are the name, age, sex, color, date and place correctly given above?

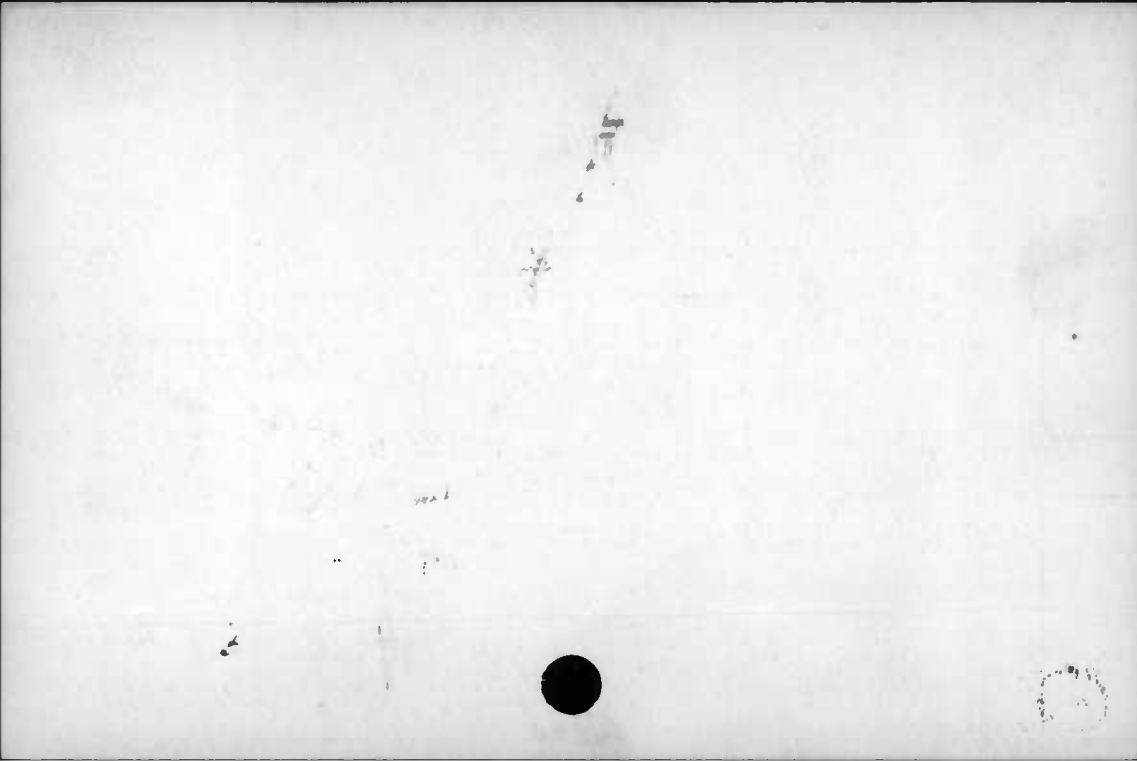
yes

Signature of Physician

Address

Thos. B. Norton M.D.
*St. Baltimore, Md.*PHYSICIAN
OR CORONER

Resident or Subside?



Name
in
Full

Sallie Parish Weir

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>South River</i> Town		<i>Anne Arundel</i> County		MARYLAND	
Date of death	1908	Month	Jan	Day	27
Age	63	Years		Months	
Sex	Female	Color or Race	White	Birth-place	Maryland
Occupation	Housewife		Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Joseph Weir		
Father's Name	Robert M. Wood		Father's Birthplace	Maryland	
Mother's Maiden Name	Rachel Parish		Mother's Birthplace	Maryland	
Name of person giving information	Joseph Weir		How related to deceased	Husband	

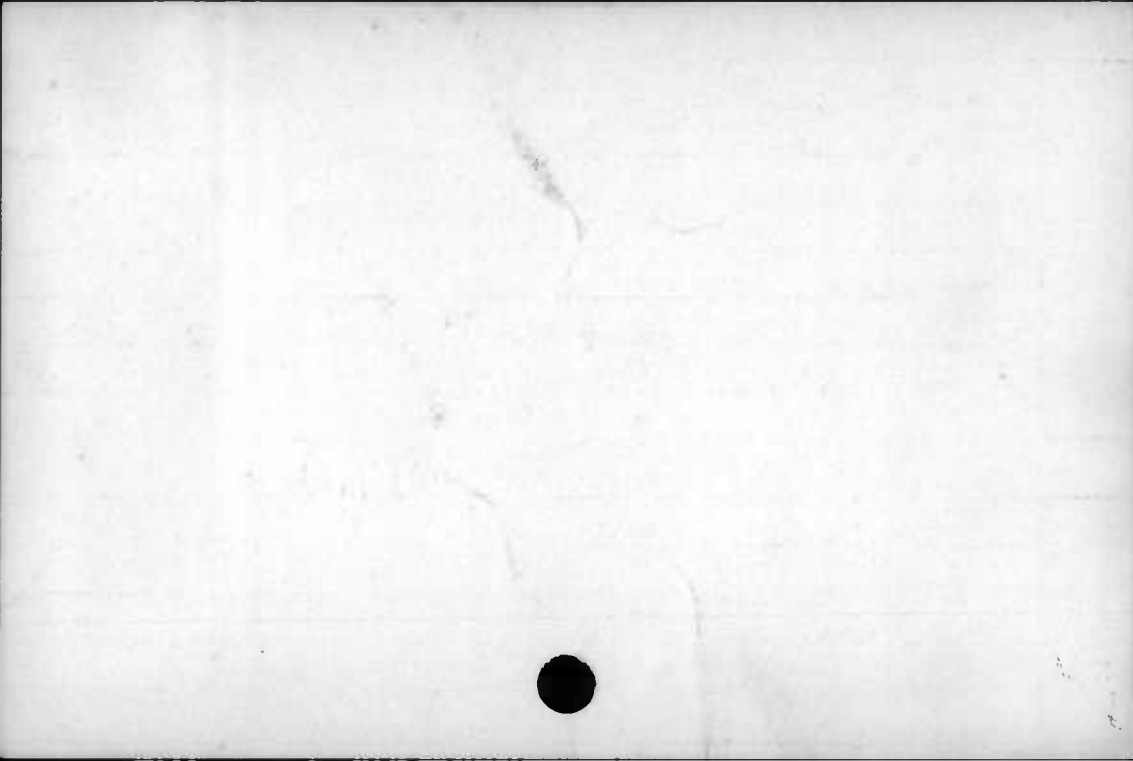
CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary	<i>Loa Grippe</i>	How long	<i>2 days</i>
Immediate	<i>Pneumonia</i>	How long	<i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		<i>John Collinson</i>	
		Address	
		<i>South River</i>	
Accident or Suicide?			

1



Name
in
Full

Mary Williams

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

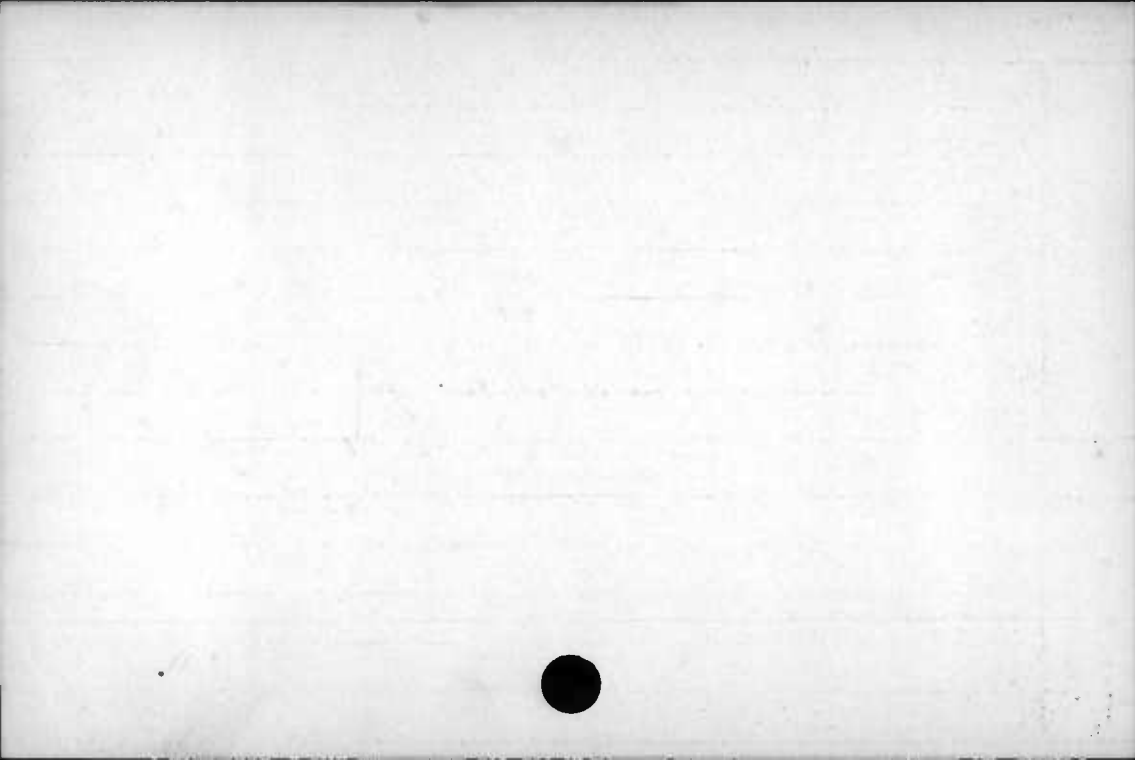
Died at		Town St. Marys		County A. D.		MARYLAND	
Date of death		1908	Month Jan	Day 14	Years 27	Months —	Days —
Sex Female		Color or Race Colored		Birth- place St. Marys			
Occupation House wife		Where Residing if not at place of death —					
Married, Single or Widowed Married		Name of Wife or Husband Alfred Williams					
Father's Name Charles Hansen		Father's Birthplace A. A. Co					
Mother's Maiden Name Mary Thomas		Mother's Birthplace A. A. Co					
Name of person giving In formation S. R. Colbert		How related to deceased Neighbor					

CAUSES OF DEATH

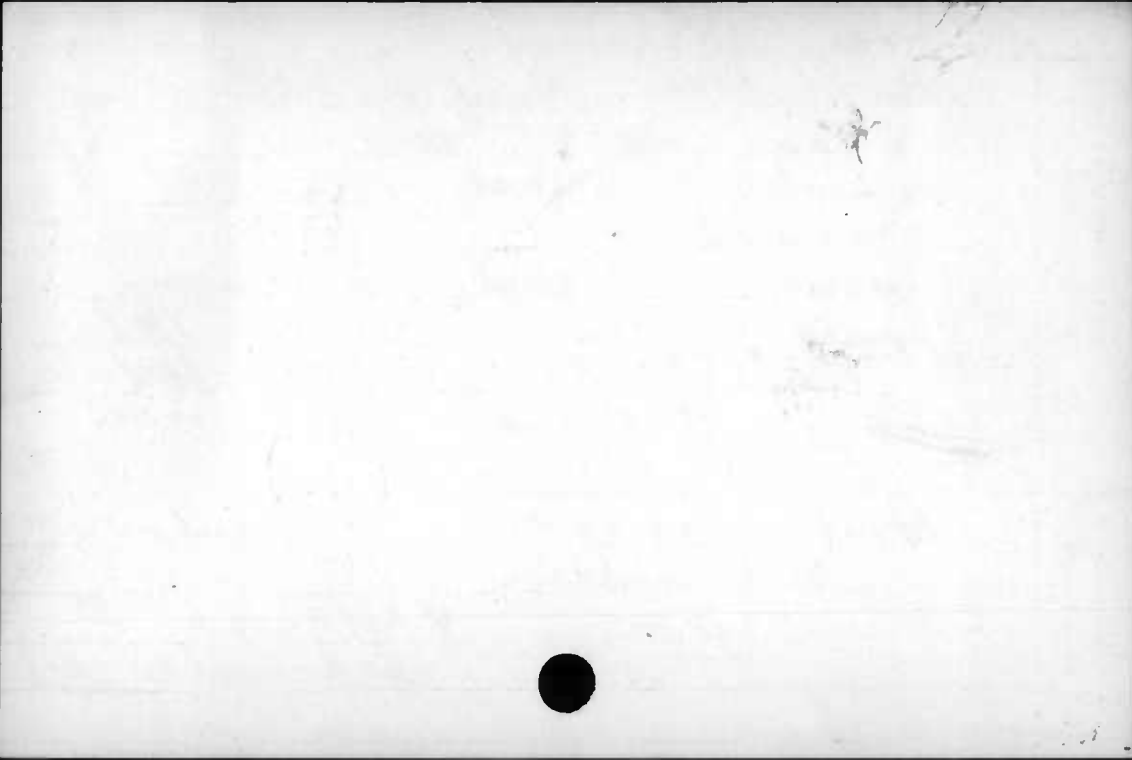
93

PHYSICIAN
OR CORONER

Primary	Pneumonia	How long	11 days
Immediate	Heart Failure	How long	2 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Address 2. S. Ridout M.D. Annapolis Md. R. F. S. 1001	
Accident or Suicide?			



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>East Port</i> Town		County <i>A. A.</i>	
		Date of death <i>1908</i>		Month <i>Jan.</i>	
		Day <i>21</i>		Age <i>1</i>	
		Sex <i>Male</i>		Color or Race <i>White</i>	
		Occupation		Birth-place <i>Baltimore Md</i>	
		Married, Single or Widowed <i>Single</i>		Name of Wife or Husband	
		Father's Name <i>Harry Wilson</i>		Father's Birthplace <i>Baltimore Md</i>	
Mother's Maiden Name <i>Annie Trotter</i>		Mother's Birthplace <i>East Port Md</i>			
Name of person giving information <i>Vincent Trotter</i>		How related to deceased <i>Grand Father</i>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER <div style="border: 1px solid black; border-radius: 50%; width: 40px; height: 40px; display: flex; align-items: center; justify-content: center; margin: 5px;">1</div>		Primary <i>Pneumonia</i>		How long <i>5 days</i>	
		Immediate		How long	
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. J. Murphy</i>	
		Accident or Suicide?		Address	



Name
in
Full

Rebecca Wiseman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>McKendree</i> <small>Town</small>		<i>Anne Anne</i> <small>County</small>		MARYLAND	
Date of death	<i>1908</i> <small>Month</small>	<i>Jan</i> <small>Day</small>	<i>4</i> <small>Years</small>	<i>60</i> <small>Months</small>	<i>—</i> <small>Days</small>
Sex	<i>Female</i>	Color or Race	<i>Black</i>	Birth-place	<i>Md.</i>
Occupation	<i>Housework</i>		Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed	<i>married</i>		Name of Wife or Husband <i>John C. Wiseman</i>		
Father's Name	<i>James Owens</i>			Father's Birthplace	<i>Md.</i>
Mother's Maiden Name	<i>Ellen Clarke</i>			Mother's Birthplace	<i>Md.</i>
Name of person giving information	<i>John Wiseman</i>			How related to deceased	<i>Son.</i>

CAUSES OF DEATH

178

PHYSICIAN
OR CORONER

Primary	<i>Heart disease</i>	How long	<i>unknown</i>
Immediate	<i>Brash sudden</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>A. H. Perrie</i>
		Address	<i>McKendree, Md.</i>
Accident or Suicide?			

